

Kristiina Kotilainen

ENHANCING EMPLOYEE ADVOCACY OF TELEREHABILITATION

Internal branding perspective

Master's thesis

International Business Management

2020



South-Eastern Finland
University of Applied Sciences

Author	Degree	Time
Kristiina Kotilainen	Master of Business Administration	May 2020
Thesis title		88 pages 5 pages of appendices
Enhancing employee advocacy of telerehabilitation Internal branding perspective		
Commissioned by		
Enterprise X		
Supervisor		
Satu Peltola		
Abstract <p>The aim of this study was to find ways to support the employees to act as brand ambassadors of telerehabilitation by using internal branding as a tool. The objective of the study was to develop functional steps of the near future internal branding of telerehabilitation in the commissioning enterprise and to constitute a recommendation of best practices in internal branding in the context of telerehabilitation. The study researched how telerehabilitational employee advocacy should be supported in the context of internal branding, what are the important individual and contextual factors in internal branding of telerehabilitation and how the employees can be supported individually to committing to the use and marketing of a new service.</p> <p>The study used action research as an approach. In the study, triangulation was utilized by combining research methods and sources for data collection. Both quantitative and qualitative methods were used for collecting and analyzing the data. The data was collected by executing a questionnaire targeted to the employees (n=186) of the commissioning enterprise, and organizing a workshop for the regional managers (n=8) of the enterprise.</p> <p>The study showed that enhancing the employee advocacy of telerehabilitation and supporting the employees to work as brand ambassadors requires supportive leadership and good communication in addition to well-planned processes and procedures that are based on the individual needs of the employees. The study highlighted several procedures to support the employees in change when using internal branding as a tool in the context of telerehabilitation. In addition, the study brought about many individual factors in both theory and practice that need to be considered when supporting the employee advocacy of telerehabilitation. The study highlighted that when enhancing the employee advocacy of telerehabilitation, the employees need encouragement, collegial support, example, and a deep understanding of goals, values, image and brand. It also showed that in the context of internal branding of telerehabilitation, change requires time, motivation, self-determination and commitment.</p>		
Keywords		
Internal branding, employee advocacy, brand ambassador, telerehabilitation		

CONTENTS

1	INTRODUCTION.....	5
1.1	Telerehabilitation – the international change in rehabilitation services.....	6
1.2	The commissioner enterprise	8
1.3	Aim, objective and research questions.....	10
1.4	Conceptual framework	10
2	INTERNAL BRANDING.....	14
2.1	Internal branding as a tool for change	14
2.2	Employee advocacy – employees as brand ambassadors.....	15
2.3	Leadership in internal branding	18
2.4	Internal branding and business performance	20
3	INDIVIDUAL ASPECTS TO CHANGE	23
3.1	Self-determination in the success of internal branding	23
3.2	Implementing new technology in healthcare context.....	26
3.3	Adopting new technology	27
3.4	Supporting individual change in internal branding	29
4	RESEARCH IMPLEMENTATION	33
4.1	Research methods and process.....	33
4.2	Data collection and analysis.....	37
4.2.1	The questionnaire.....	38
4.2.2	The workshop.....	41
5	RESULTS OF THE RESEARCH.....	46
5.1	Results of the questionnaire	46
5.2	Results of the workshop	56
6	CONCLUSIONS	61

6.1	Best practices in enhancing the employee advocacy of telerehabilitation.....	61
6.2	Key findings.....	66
6.3	Managerial implications.....	69
6.4	Quality of the research and ethical considerations	73
REFERENCES		77

LIST OF FIGURES

LIST OF TABLES

APPENDICES

Appendix 1. The questions and statements of the questionnaire

Appendix 2. The feedback form of the workshop

Appendix 3. The table of the synthesis

1 INTRODUCTION

Digital services are the future in rehabilitation services. As digitalization is moving forward and telerehabilitation services are becoming more common, the business needs to focus more on developing, marketing and selling digital services. The structure of the industry is changing and therefore both managers and employees are required to change their perceptions of rehabilitation and learn new skills in order to keep operating on the market. Managing and leading the change requires strong know-how and commitment.

The digitalization of rehabilitation services is an international trend. In an international scale, many countries are developing and investigating the possibilities of telerehabilitation (Klöcker et al. 2015, 113; EU 2018, 87). However, it is not clear, what the best practices in the deployment of telerehabilitation are (Klöcker et al. 2015, 114). Therefore, it is important to find ways to support the professionals to implement telerehabilitation.

In the past few years remote services in rehabilitation have taken big leaps also in Finland as the Social Insurance Institution of Finland (Kela) started to develop digital services in 2016 (Kela 2019). In the beginning of the year 2020 Kela has informed that it is going to require the use of telerehabilitation in a part of its services (Kela 2020). We are going to the direction where therapists in different fields of rehabilitation have to provide services online. This is a big change compared to what most of them are used to.

For a business to thrive, the employees need to be committed to the brand's services and strategy. In rehabilitation services, the employees are the ones who work as experts and build the organization's external brand: in order to enhance sales, the staff needs to be committed to taking telerehabilitation as a part of their work. Internal branding is a way to support the employees operate according to the organization's brand and values - work as brand advocates.

This thesis is commissioned by a private enterprise that provides rehabilitation services. Increasing sales both nationally and internationally in telerehabilitation

is the commissioner's strategic goal. Expertise in telerehabilitation is a central theme in the commissioner's brand and image.

The purpose of this study is to find ways to support the employee advocacy of telerehabilitation. The study applies action research as an approach. Action research is a process that seeks to research, change and develop the occurring situations (Heikkinen & Jyrkämä 1999, 32–33). In this study action research is used as an approach as the study focuses on developing new practices together with the stakeholders.

Action research is more of an approach than a method in itself, and therefore it offers possibilities to use both quantitative and qualitative methods in data gathering (Heikkinen 2006, 36–37). In action research it is also possible to utilize triangulation by combining different methods and collecting data from several sources (Huovinen & Rovio 2006, 104–105). This study utilizes triangulation as the data is collected by executing a questionnaire and organizing a workshop, and the data is collected from both employees and managers of the commissioning enterprise. The results are analyzed with both quantitative and qualitative methods.

1.1 Telerehabilitation – the international change in rehabilitation services

The field of rehabilitation is changing. To meet the challenges of the future in providing healthcare services to those in need, the health services have to be more efficient and effective than they are today. These challenges can be solved by eHealth solutions. (OECD/EU 2016, 178.)

Telerehabilitation services are a part of eHealth services, which are “defined as the application of information and communications technologies across the whole range of functions that affect the health sector” (OECD/EU 2016, 178).

Telerehabilitation in specific refers to executing rehabilitation services via communication technologies. Telerehabilitation can include e.g. assessment, monitoring, prevention, intervention, education, consultation, and counseling.

(Brennan et al. 2010, 31.) Telerehabilitation is primarily executed via two-way interactive video connection (Forducey et al. 2005, 153). Telerehabilitation services can be provided by professionals in different fields of rehabilitation, such as physiotherapists, speech therapists and occupational therapists (Brennan et al. 2010, 32).

Telerehabilitation services can bring answers to the lack of resources and provide savings in cost and time as they are not bound to a certain environment the way traditional rehabilitation services are (Brennan et al. 2010, 32; Jungner 2015, 9–10, 26; Salminen et. al. 2016, 9–10). Also the customers are expecting services to be diversified with the help of digital tools (Hyppönen et al. 2014, 6). Increasing the adoption of digital tools is a part of the European commission eHealth strategy, but there still has to be visible improvement across Europe in eHealth and explicitly telehealth deployment in order to fulfill the objectives (OECD/EU 2016, 178; EU 2018, 87).

From the market point of view advancing eHealth can increase the organizations' possibilities to recruitment, incorporating organizations, forming virtual teams and saving travel costs. It also provides possibilities to optimize the organizing of services and resources in addition to improving the availability of services. (Vuononvirta 2011, 36.)

During recent years many countries have started to investigate and develop the possibilities of telerehabilitation and digital services (Klöcker et al. 2015, 113; EU 2018, 87). At the moment the countries with the highest eHealth use in Europe are Denmark, Estonia, Finland, Spain, Sweden and the UK, and the countries with the lowest level of eHealth use are Greece, Lithuania, Luxembourg, Malta, Romania and Slovakia (EU 2018, 87). However, often e.g. national eHealth development programs have lacked the information in what are the best practices as a whole in the deployment of eHealth services (Klöcker et al. 2015, 114).

1.2 The commissioner enterprise

The commissioner of this thesis is a private enterprise that provides rehabilitation services in Finland. There are working approximately 223 therapists from different fields of rehabilitation in the company. The company has been developing and providing telerehabilitation as a service from the year 2012. In 2014 the company established a unit to develop digital services, and since that, the activity has moved increasingly to systematic development of processes and implementation of digital services.

As telerehabilitation can be executed over national boundaries, developing the use of telerehabilitation offers a possibility, and is a requirement, to provide services internationally. Developing the company's brand and image as a pioneer of telerehabilitation services and increasing marketing and sales of digital services are part of the company's strategy. To support this strategy, the company has organized a telerehabilitation seminar and taken part into research and development projects in previous years. In addition, in order to ensure employees' skills in telerehabilitation, the company has developed an internal introduction process of telerehabilitation for them. The internal utilization rate of digital services is measured annually with an inquiry.

At the moment, the commissioner of this thesis has a strong image as an expert of telerehabilitation in Finland. To retain the position as a pioneer, it is important to constantly develop and improve the strengths and procedures of the organization. However, a challenge is formed when the industry changes rapidly but positive attitudes and motivation towards the change form more slowly. Also the learning institutions have not yet been able to efficiently answer to the need to change, or have only recently began to see the need for change, which results to a situation where even newly graduated therapists are not familiar with telerehabilitation practices. Therefore, still a lot of therapists are not committed to implementing or marketing telerehabilitation.

Rehabilitation services are not easily vendible or purchasable as they are bought mostly by municipalities and the Social Insurance Institution. The purchase

decision is usually made according to the recommendation of the therapist and the needs of the customer. The ones who decide whether the service is offered as a traditional rehabilitation service or as telerehabilitation is usually the buyer or the customer, or in some cases, even the therapist. Marketing of the company's services mostly takes place in customer and collegial contacts. External advertising has a marginal effect as it is more important for the marketing to occur in collaborative situations as a reflection of positive attitudes and expertise in telerehabilitation.

The employees are the ones who market the service in customer and cooperation situations. On the other hand, the employees and their colleagues outside the company are often also the ones who recommend and choose to provide the service as telerehabilitation. Therefore, the use and marketing of telerehabilitation go hand in hand. However, the attitudes and lack of commitment of the employees leads to a situation where telerehabilitation and its possibilities are not communicated onwards in customer situations. In order to strengthen the company's image and brand as a pioneer and increase the use and marketing i.e. employee advocacy of telerehabilitation, supportive practices are needed.

The commissioning enterprise of this thesis has defined itself as a learning organization, which follows the values of openness, trustworthiness, humanity, creativity, communality and functionality. Therefore, enhancing telerehabilitation is compatible with the enterprise's values. In the definition of the enterprise, **openness** refers to relating with an open interest to new operating models and sharing knowledge openly. Openness inside the organization is valued as a requirement for development and meaningfulness of work. **Trustworthiness** refers to providing customers what they have been promised and working according solid procedures. Trustworthiness also refers to building a dialogue between managers and employees. **Humanity** refers to providing customers services with high quality despite geographic distances. In the organization's culture humanity means respecting the individuality of others. **Creativity** is highly valued, and refers to aspiration of constant development, cooperation and appreciating new ideas. **Communality and functionality** refer to providing the

services in customers' own environments with their communities. Inside the organization it refers to participating the employees to decision processes and making the organization's strategy visible in every day operations.

1.3 Aim, objective and research questions

The aim of this study is to find ways to support the employees to act as brand ambassadors of telerehabilitation by using internal branding as a tool. The objective of the study is to develop functional steps of the near future internal branding of telerehabilitation in the commissioning enterprise and to constitute a recommendation of best practices in internal branding in the context of telerehabilitation.

The main research question is:

How should the telerehabilitational employee advocacy be supported in the context of internal branding?

The sub-questions are: (1) What are the important individual and contextual factors in internal branding of telerehabilitation? (2) How can the employees be supported individually to committing to the use and marketing of a new service?

The study utilizes action research as an approach. In this study, the research questions are pursued to be answered by forming a literature review regarding the areas of internal branding and individual aspects of change in the context of implementing new technology, by executing a questionnaire for the employees of the commissioning enterprise and by organizing a workshop for the managers of the enterprise.

1.4 Conceptual framework

A brand is built to communicate about consistency and quality of the organization (Devasagayam et al. 2010, 211). Brand is the feature that separates company's products from competitors and therefore it can be one of the greatest strengths of an organization. Brand can refer to various features, such as the organization's name, symbol or the value it can provide to the customer. (Liu et al. 2015, 4–5.) A brand-orientated organization aims to achieving organizational objectives by

developing their brand with specific actions (Liu et al. 2015, 4, 9). As competition between companies increases, branding becomes all the time more important (Devasagayam et al. 2010, 211).

Traditionally branding has often been seen as external communication and building brand image through advertising and marketing. However, it has been noticed that especially when delivering services, the success of the brand is much dependent on employee performance (Morhart et al. 2009, 122). Employees with customer-contacts are the representatives of the organization, and the ones who deliver the brand message (Matanda & Ndubisi 2013, 1031; Devasagayam et al. 2010, 211, 216–217). Therefore, the brand cannot be viewed and developed only by external brand management.

Internal branding aims to change employees' behavior in a way that is in line with the desired brand identity and values (Matanda & Ndubisi 2013, 1034; Punjaisri et al. 2009, 572–573). Internal branding is a way to combine organizations functions, inner processes and culture around values and through those, enhance the external brand experience. In internal branding the goal is that the brand would be seen both internally and externally as the organization desires. (Matanda & Ndubisi 2013, 1034; Vallaster & Lindgreen 2013, 297.)

When building the brand internally, the object is to transform the employees into brand ambassadors (Vallaster & Lindgreen 2013, 298), or in other words, employee advocates (Tsarenko et al. 2018, 260). The most essential part in the formation of organization's brand is the cluster of organization's values, which are reflected in the behavior of the employees in customer situations (Vallaster & Lindgreen 2013, 298). Employee commitment is the key factor in delivering brand values (Vallaster & Lindgreen 2013, 297).

The literature review in this study focused on examining and combining knowledge of internal branding and implementing new technology in the context of digitalization of rehabilitation services. Based on the literature reviewed the assumption in this study is that with internal branding which focuses on leadership procedures, supportive and participatory communication in addition to empowering relationships and environment, it is possible to support the employee

advocacy of telerehabilitation. The main idea in the developmental actions of this study is that the managers are in a key position to support the change.

As illustrated in Figure 1, when the organization is based on values and the organization's leadership culture is empowering and change-orientated, it is possible for the employees to achieve self-determination, commitment and motivation: it is more likely for the employees to adopt telehealth as a part of their work and function as brand-ambassadors if they experience identification and engagement to the brand and services of the organization. With the process of internal branding it is possible to enhance also the external brand and sales.

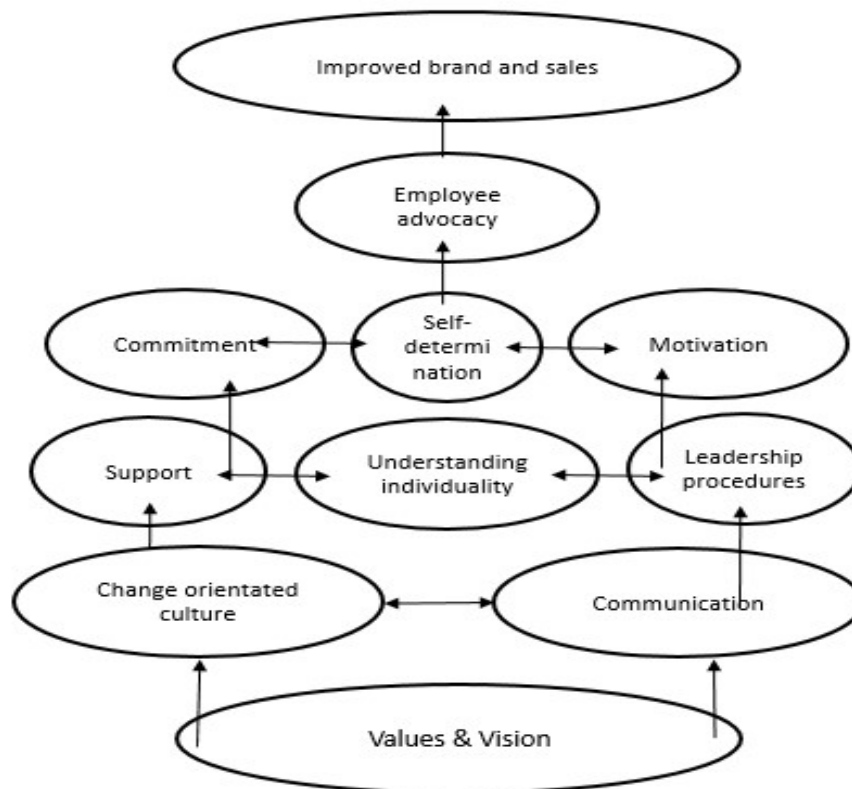


Figure 1. Conceptual framework: Internal branding of telerehabilitation.

Based on the literature review, when aiming at enhancing the employee advocacy of telerehabilitation, it is important in practice to consider the employees' individual factors such as attitudes, values, technology acceptance, motivation, expectations and basic psychological needs. In addition employees need support and education in the new work methods in addition to knowledge of

strategy and goals. Developing sustainable internal processes and possibilities to experience participation are also crucial when supporting change.

The term “brand” in this study is considered from the internal aspect, and the developmental actions are targeted to the management and staff of the organization. Therefore, this study does not involve investigating or taking actions in e.g. external marketing or advertising, and it does not involve examining e.g. the growth of sales as it is targeted to developing internal processes and leadership.

In this study the assumption is that the roots of building a brand is on staff and their experiences of meaningfulness and commitment to the organization’s services, values and brand. The study focuses on examining how to support employees in the deployment and advocacy of a new way of providing services based on literature and the organization’s experiences.

This study focuses on the humane and “soft” aspects of business. As internal branding concentrates specifically to employees and the change in their behavior, it is important to understand the individual factors that impact to the willingness to change. Understanding individual factors is also important because the study aims to finding concrete ways to support the employees in change.

The context of this study is a private enterprise that aims to enhancing their brand and sales in telerehabilitation by using internal branding as a tool in supporting the staff to use and market telerehabilitation. The assumption in this study is that the employee advocacy of telerehabilitation can only be achieved if the employees are committed to the company’s strategy and goals.

2 INTERNAL BRANDING

The literature review of this thesis focused on describing the central themes and fields of internal branding. In this chapter, the basis and central themes of internal branding are discussed. In addition, the effects of internal branding and its relation to business performance are justified.

2.1 Internal branding as a tool for change

Branding in itself is a way to separate from others in the market (Keller et al. 2012, 4). Branding can be defined as a process that helps the consumers' decision-making by enhancing their understanding of the product or service in addition to bringing value to the owner of the brand (Keller et al. 2012, 16). Brand management is conducted through marketing activities, and involves identifying brand positioning and values, planning brand marketing campaigns and measuring and interpreting brand performance in addition to growing and sustaining brand equity (Keller et al. 2012, 43).

Especially in service marketing, marketing communication is a cross-cutting entirety that runs throughout the organization, and it is targeted both internally and externally. External marketing aims at achieving sales and acquiring and keeping customers in addition to growing customer relationships. (Grönroos 2007, 264-268, 384.) In turn, internal marketing can be seen as a part of human resources management, in which employees are seen as the internal customers of the organization who are supported to accept the firm's offerings and produce services with high quality (Grönroos 2007, 384).

Internal marketing is based on good communication and internal relationships, and it requires supportive systems and leadership. The presumption in internal marketing is that without effective internal operations, goals in external markets cannot be achieved. (Grönroos 2012, 386.) Internal marketing aims to supporting employees' understanding of organization's goals, strategies and processes by building sustainable long-term procedures (Wieseke et. al 2009, 124). With the process of internal marketing it is possible to build employees' fellowship and oneness with the organization (Kalliomaa 2009, 21; Wieseke et al. 2009, 123).

Internal brand research is part of research of internal marketing and leadership (Kalliomaa 2009, 21). Internal branding is a change orientated process that aims to change employee behavior in a way that is in line with the desired brand identity and values (Matanda & Ndubisi 2013, 1034; Punjaisri et al. 2009, 572–573). The target group in internal branding and internal marketing are the employees of the organization (Punjaisri et al. 2009, 563; Kalliomaa 2016, 1). Internal branding is an important tool in making sure that the employees' actions in work assignments express the organization's values and brand (Vallaster & Lindgreen 2013, 298; Matanda & Ndubisi 2013, 1034).

Internal branding consists of supportive, educational procedures and processes that are targeted to help the employees to understand organizational values in addition to building brand identification, commitment and communicational skills (Matanda & Ndubisi 2013, 1036). Without internal branding, standardizing organization's communication becomes difficult, which also creates a risk to losing credibility (Matanda & Ndubisi 2013, 1036).

Successful internal brand building requires durable, interactive inner relationships in addition to commitment and brand-identification from the employees (Vallaster & Lindgreen 2013, 298; Kalliomaa 2016, 1). As a result of successful internal branding process, the organization can expect increased brand identification, commitment and loyalty as well as brand-supporting behavior of the employees (Punjaisri et al. 2009, 564, 572–573).

2.2 Employee advocacy – employees as brand ambassadors

When building the brand internally, the object is to transform the employees into *brand ambassadors* (Vallaster & Lindgreen 2013, 298). Employees can only deliver organization's brand values to the customer, if they deeply understand their role as representatives of the organization's brand (Liu et al. 2015, 8). Furthermore, before it is possible for the employees to reflect brand's image, it is important for them to internalize the brand image themselves (Matanda & Ndubisi 2013, 1036). Being a brand ambassador is synonymous to being a brand champion, which is defined as acting in favor of the brand (Schmidt & Baumgarth 2018, 251).

Supporting the brand and acting on the benefit of the brand and the organization is also described as employee advocacy. Employee advocacy is employee-behavior that promotes the success of an organization. It consists of positive word-of-mouth communication and recommending, supporting and pleading the organization to external contacts, and therefore links the organizational features to customers. (Tsarenko et al. 2018, 260.) According to Tsarenko et al. (2018, 260), employee advocacy can be seen as a part of a larger concept of organizational citizenship. Organizational citizenship refers to employee's discretionary behaviors that enhance organization's performance by affecting to social and psychological environment (Golparvar & Javadian 2012, 28). In this study, the terms "employee advocacy" and "brand ambassador" are used to describe the employees willingness to use and market telerehabilitation.

Working as a brand ambassador requires brand-identification and commitment from the employees in addition to good social interaction and understanding of values (Vallaster & Lindgreen 2013, 298). Commitment refers to the employee's overall psychological relationship to an organization (Viitala 2015, 85). It involves employee's attitudes and motivation to remain in the organization in addition to feelings of belonging and sense of attachment to the organization (Vallaster & Lindgreen 2013, 298). Brand-identification is an overlapping concept to commitment, as it can be defined as a cognitive conceptualization of social involvement and emotional attachment to the organization (Vallaster & Lindgreen 2013, 298).

We define the things we believe are right and desirable through values (Robbins & Judge 2012, 144). Vallaster and Lindgreen (2013, 298) emphasize that the most essential part in the formation of the organization's brand are the organization's values, which are reflected in the behavior of the employees in customer situations. In internal brand development, the goal is to help employees understand and internalize organization's values so that the values can be realized in the services produced and in customer situations (Liu et al. 2015, 6).

In order to reflect the brand's values, the employees need to have a profound shared understanding about the brand values throughout the organization (Liu et

al. 2015, 8; Punjaisri et al. 2009, 563). Internal branding aids the values to become visible in employees' every day actions, and it is an important tool in aligning organizational values with employee values (Matanda & Ndubisi 2013, 1034, 1036). It is also important to ensure the organization's and the employee's matching values already in the recruiting process (Viitala 2015, 88-89). When the employee and the organization share the same values, brand credibility enhances (Matanda & Ndubisi 2013, 1032). Furthermore, when the employees understand the values of the organization, it is easier for them to understand their roles and commit to delivering the brand promise. The brand's values can be utilized as a guide to how employees are expected to behave. (Punjaisri et al. 2009, 563.)

When employees believe and accept organizational values and goals and identify themselves as a part of the social group and brand community in the organization, they are more likely to make an effort in achieving organizational goals and express loyalty (Punjaisri et al. 2009, 564; Liu et al 2015, 11). The employees need to form an emotional bond to the brand, feel that the brand reflects who they are, and have a sense of belonging to the brand (Liu et al. 2015, 10–11; Punjaisri et al. 2009, 564). It is also important that the employees feel the services produced have personal relevance to them in order to build service involvement, i.e. a perceived personal relevance of the organization's services (Liu et al. 2015, 4-5, 11–12). It is important to notice that the managers' strong organizational identification effects to the employees' organizational identification (Kalliomaa 2009, 21; Wieseke et. al 2009, 139).

The efficient communication of values has an important social sustainability aspect as well (Vallaster & Lindgreen 2013, 298). Vallaster and Lindgreen (2013, 298) highlight that communicating values and supporting a deep understanding of brand can enhance the organization's cultural environment and bring meaningfulness to employees. Furthermore, the integrity of values and avoiding conflicts related to values are crucial for an employee in committing to the organization and attaching to organizational goals (Matanda & Ndubisi 2013, 1031-1032). Therefore, employees' and organizations' matching values can also increase work satisfaction and work performance (Robbins & Judge 2012, 154).

The customers experience the brand's values through the services provided (Vallaster & Lindgreen 2013, 297; Punjaisri et al. 2009, 564). Customers' perceptions about the brand are influenced by employees' i.e. service producers' behavior and emotions; there is a value-bound aspect to both what is produced and how it is produced (Punjaisri et al. 2009, 562). The organization needs to aim to familiarizing the employees with the organizations values in order to make the provided services stable in quality and strengthen the organization's brand (Vallaster & Lindgreen 2013, 297-298; Punjaisri et al. 2009, 572).

2.3 Leadership in internal branding

The success of internal marketing and the quality of inner relationships requires an investment to leadership in addition to management practices (Kalliomaa 2016, 1). Therefore, in internal branding the focus is on managerial behavior, leadership and communication (Matanda & Ndubisi 2013, 1033; 2015 5–6).

Although there are many similarities between leadership and management, they vary in a very important way: when management seeks stability, in leadership the focus is in producing change and movement. Management focuses on functions that emphasize e.g. planning, budgeting, organizing, staffing, controlling and problem solving, whereas in leadership the focus is in establishing direction and aligning, motivating and inspiring people towards a common goal. (Northouse 2013, 5, 12–13.)

Especially transformational leadership is seen as a good way to implement and support internal branding and change (Morhart et al. 2009, 122; Herold et al. 2008, 346). Transformational leadership is a change oriented process that builds on dialogue, which changes both the leader and the follower in a way that enhances their motivation and morality (Northouse 2013, 186). Transformational leadership aims to encourage, empower and help followers find their fullest potential (Northouse 2013, 185; Deci et al. 2017, 31). It emphasizes intrinsic motivation and follower development (Northouse 2013, 186).

Transformational leadership aims to collective good and therefore does not include focusing on leaders own interests or behaviors and language that are exploitative, pressuring or power oriented (Northouse 2013, 187; Deci et al. 2017, 31). It is also very contradictory to transformational leadership to monitor employee's behaviors, use contingent rewards or emphasize norms (Deci et al. 2017, 31). It has been noticed that transformational leadership is related to employee commitment and more autonomous behaviors of the employees (Deci et al. 2017, 31).

Transformational leadership can be seen as a theory to change management, and in literature transformational leadership and change management are often described synonymous (Das 2012, 383; Herold et al. 2008, 348). However, Herold et al. (2008, 348) emphasize that there is also a difference between these two: transformational leadership refers to a long term organizational orientation, whereas change management focuses on specific shorter term change. In a change process, both transformational and task-orientated management are needed in order to achieve best possible results (Morhart et. al. 2009, 132). Change management principles have been previously seen to be adequate for implementing telerehabilitation (Forducey et al. 2005, 154, 173).

In recent years also coaching leadership has received attention largely. Coaching leadership approach aims to encourage, support and help employees in addition to enhancing their inner motivation. (Huang 2019, 224.) Therefore, it involves many similarities to transformational leadership. According to Huang (2019, 224), coaching leadership has also been noticed to have a positive effect on organizational citizenship behavior.

Leadership procedures can influence deeply to employees' attitudes and behavior in delivering the brand promise (Liu et al. 2015, 6–7). Especially middle-level leaders have an important role in making concretely visible the organization's values, culture and vision (Wieseke et. al 2009, 123, 139). Therefore, communicating about the values and expected behavior tangibly

should be an ongoing mission for the managers (Punjaisri et al. 2009, 572–573; Matanda & Ndubisi 2013, 1047).

For internal branding to succeed, a supportive organizational environment is a necessity (Liu et al. 2015, 23). The organization's culture needs to aim to the implementation of goals and strategy (Matanda & Ndubisi 2013, 1034). The organizational culture consists of both the values, rules, procedures and physical environment of the organization (Viitala 2015, 27–29). In addition to the organizational culture, the internal environment of the organization is affected by know-how, capacity, commitment and attitudes of the staff (Kauhanen 2012, 25). With brand management processes and guidelines, the employees can be supported and motivated to understand organizational goals and behave according to the brand promise in addition to shaping their attitudes (Matanda & Ndubisi, 1033, 1045; Punjaisri et al. 2009, 563).

2.4 Internal branding and business performance

Internal brand orientation has been noticed to have a positive effect on organizational performance (Liu et al. 2015, 4). Internal branding can provide possibilities to gain competitive advantage through employee behavior, as it focusses on people as the most important asset of the company – what people do is very difficult for competitors to imitate (Punjaisri et al. 2009, 562; Matanda & Ndubisi 2013, 1034). Employee advocacy can increase sales and strengthen the brand's reputation. The aforementioned factors indicate that enhancing employee advocacy is an advisable marketing strategy when an organization aims to enhancing their competitive advantage in a unique way. (Tsarenko et al. 2018, 297.)

The brand develops through communication and customer experiences (Devasagayam 2010, 211). When building a brand, it is likely that a positive word-of-mouth and customer loyalty are more important than external advertising (Devasagayam et al. 2010, 211). Employees with customer-contacts are the representatives of the organization, and therefore they have a deep impact to customer satisfaction and organizational performance (Matanda and Ndubisi 2013,

1031). Morhart et al. (2009, 122) emphasize that especially when delivering services, the success of the brand is very dependent on employee performance. The quality of customer situations depend on the behavior of the employees (Vallaster & Lindgreen 2013, 297; Punjaisri et al. 2009, 564).

As the brand message is delivered through employee behavior, the external brand promise has to be in line with the actual performance (Devasagayam et al. 2010, 211, 216-217). A competitive advantage is created when the service producers' behavior is in line with the brand's values in both concrete and interactional level (Punjaisri et al. 2009, 562–563). Therefore, the employee's work motivation and satisfaction are essential in building the quality of services (Kalliomaa 2016, 2; Kalliomaa 2009, 50). Also functional internal relationships have a crucial role in succeeding in external customer relationships (Kalliomaa 2016, 1). A solid brand that can be seen in all of the organization's communication, supports organization's risk management by bringing consistency (Punjaisri et al. 2009, 562–563).

As shown in Figure 2, superior organizational performance can be gained through enhanced emotional brand attachment and service involvement of the employees. Internal branding can support the emotional brand attachment and service involvement of the employees. (Liu et al. 2015, 8.) By internal branding it is also possible to enhance employees' brand understanding and work engagement (Devasagayam et al. 2010, 211, 217). In addition, employee commitment and organizational identification can be enhanced through internal branding procedures (Wieseke et al. 2009, 123).

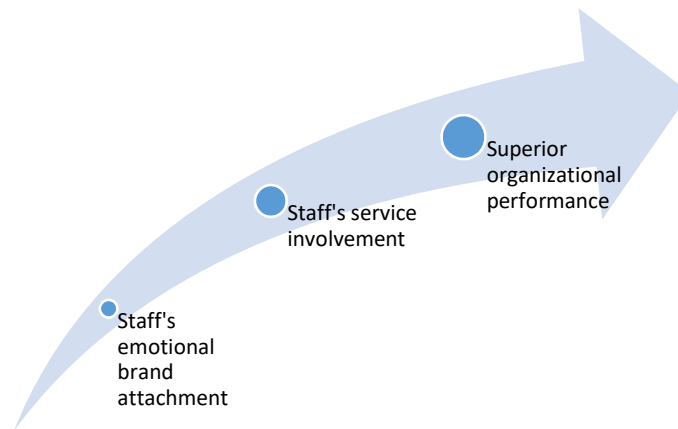


Figure 2. Internal branding supporting organizational performance (Liu et al. 2015, 8).

Brand attachment, service involvement and brand understanding in addition to organizational identification can be seen as factors of commitment and engagement, and they have been noticed to have a positive relation to improved business performance (Wieseke et. al 2009, 123; Devasagayam et al. 2010, 211, 217; Liu et al. 2015, 8). Therefore, also in the development process of this thesis it is important to reckon that results and improved performance can only be achieved if people are committed to the change.

3 INDIVIDUAL ASPECTS TO CHANGE

There are many individual aspects that need to be considered in leading transformation and change. Although the leaders and managers have a crucial role in forming the organizational culture, the organizational environment is also affected by many individual factors of the employees (Kauhanen 2012, 25).

Individual employee differences effect to how information is accepted: different individuals interpret the same information in different ways, which affects to both cognition and behavior (Huang 2019, 225). Therefore, in this chapter the individual aspects of change in the contexts of internal branding and implementing new technology are discussed.

3.1 Self-determination in the success of internal branding

To start something new and stay engaged to occupations requires motivation. Through decades motivation has been defined in many various ways in different fields of science. (Murayama 2018.) When discussing employee and work motivation, motivation can be defined as the employee's inner volition to initiate and conduct work-related behavior. Motivation is affected by individual's personal qualities as well as forces of the environment. (Meyer 2014, 37.) It is important for the employees to be motivated in order to work efficiently with others, to use creativity in problem solving and to learn new skills (Martela et al. 2017, 107).

Lately it has been understood that motivation is highly related to employee commitment. Both commitment and motivation have been described as energizing forces that have an impact to our behavior at work. (Meyer 2014, 33, 37.) Also the term "engagement" can be seen much related to motivation and commitment as it is explained as behavior and involvement intended to serve an organizational purpose and goals (Meyer 2014, 42; Hakanen 2017, 120).

Martela (2017, 100) suggests that the change caused by digitalization requires constant learning, which creates a profound need for self-determination and intrinsic motivation at work. Self-determination is also an essential part of internal branding (Liu et al. 2015, 5-6). Self-determination and intrinsic motivation can be

explained and understood through self-determination theory (Martela et al. 2017, 100).

Self-determination theory is a theory of human motivation that has developed during past 40 years, initially introduced by Edward L. Deci and Richard M. Ryan (Gagne & Deci 2014, 1). In self-determination theory motivation consists of extrinsic and autonomous motivation. Autonomous motivation is a state where people are engaged in an activity with willingness and choice. (Deci et al. 2017, 20.) On the contrary, extrinsic motivation is driven by external rewards or the motive to avoid unpleasant circumstances or feelings (Deci et al. 2017, 21; Vasalampi 2017, 55).

Autonomous motivation is consisted of intrinsic and integrated motivation (Martela et al. 2017, 103). In intrinsic motivation the motivation is formed in the occupation itself when the activity is inspirational, interesting and enjoyable. On the other hand, in integrated motivation the occupation is felt to be in line with one's values and self-image when the occupation itself is not necessarily inspirational, but committing to it enhances matters that are important to oneself. (Deci et al. 2017, 21; Martela et al. 2017, 103.) Intrinsic and autonomous motivation are vital for the ability to change (Martela et al. 2017, 107).

The assumption in self-determination theory is that finding autonomous motivation is a process where external motives transform into internal motives (Liu et al. 2015, 8; Vasalampi 2017, 55). Therefore, also in the development process of this thesis, it is important to take into consideration the meaning of external support and motivation in change. Motivational stages from extrinsic to intrinsic motivation are shown in Figure 3.

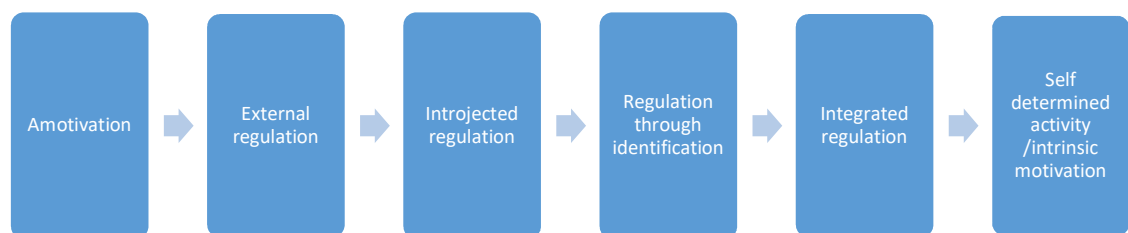


Figure 3. Motivational stages from extrinsic to intrinsic motivation (Liu et al. 2015, 8).

In self-determination theory it is seen that in order to feel intrinsic motivation and well-being, people have three psychological basic needs; autonomy, competence and relatedness (Deci et al. 2017, 20). The concept of “autonomy” refers to the ability to decide by oneself and do things intrinsically. “Competence” refers to the experience of know-how and ability to cope in different situations. The concept of “relatedness” is defined as the experience of being a part of a community and feeling unity and connection with others. (Van Den Broeck et al. 2010, 982-983; Martela et al. 2017, 101.)

Motivational tendencies vary individually. People can be either autonomously, strongly controlled or interpersonally orientated in motivation. Autonomously orientated individuals have a strong sense of self-determination and of freedom to choose. Autonomous orientation is in relation to high self-esteem, well-being and the acceptance of hardship as a part of identity. Autonomously orientated people do not seem to motivate by external rewards. On the contrary, people with strongly controlled orientation feel that their options are few and motivate through external rewards. Interpersonally orientated individuals' sense of competence has noticed to be low, which leads to acting inconsistently and difficulties to motivate. (Vasalampi 2017, 59-60.)

External and intrinsic motivation do not rule out each other as often both external and intrinsic motives conduct our behavior (Vasalampi 2017, 57). However behaving and acting only according to external motives has been noticed to decrease well-being and internal motivation (Vasalampi 2017, 54).

Intrinsically motivated employees have been noticed to be efficient, creative and think client-centered in addition to being able to learn new skills rapidly and profoundly (Deci et al. 2017, 20; Martela et al. 2017, 101). Intrinsic motivation is not one's inherent feature as it builds when a person's qualities such as strengths, interests and values respond to what the organization can offer (Martela et al. 2017, 104). Therefore, the organization has to be able to create and provide an environment that supports the employee's ability to learn new skills, encounter challenges and find new solutions to problems (Martela et al. 2017, 101). People

differ in why they are motivated: others are inspired by the results when others just love the journey (Vasalampi 2017, 54).

Self-determination has a crucial role in internal branding (Liu et al. 2015, 5-6). In order for an employee to act with self-determination, brand identification is needed (Liu et al 2015, 11). Self-determined behavior and the intrinsic motivation in becoming a representative to organization's brand are able to form when employees can experience a sense of relatedness, competence and autonomy in their work assignments (Liu et al 2015, 11).

3.2 Implementing new technology in healthcare context

The behavior of healthcare providers is the key to successful adoption of eHealth (Vuononvirta 2011, 26; Klöcker et al. 2015, 118). However, it has been noticed that often when enhancing the use of eHealth, especially the healthcare providers have been reluctant to change (Klöcker et al. 2015, 113-114, 117-118).

In order to start using eHealth, it is important for the healthcare providers to have a positive attitude towards it and to believe it can benefit and be suitable for the customers and themselves (Vuononvirta 2011, 26, 33; Lupiães-Villanueva et al. 2018, 39-40). Although enhancing the use of telerehabilitation is important and current, there are several factors that are hindering the deployment of eHealth possibilities (Klöcker et al. 2015, 113, 117).

The healthcare providers have been reported to dislike the strict regulations in data policy and they have often felt that eHealth is not in line with their self-conception as experts (Klöcker et al 2015, 118). E.g. among general practitioners it has been noticed that practitioners can be scared that the use of eHealth increases workload and changes the interaction in customer situations. Also practitioner's unfamiliarity with technology can build barriers to eHealth implementation. (Lupiães-Villanueva et al. 2018, 39-40.)

Arising knowledge in the change caused by digitalization of rehabilitation is important in order to provide services with high quality (Kotilainen et al. 2019,

184). The execution of telerehabilitation may require training and new determination of occupational self-conception (Kotilainen et al. 2019, 177). Therefore, in an organizational level e.g. the help of “eHealth champions” who raise the eHealth knowledge and inspire others can help overcome the barriers in adopting new forms of working (Lupíañes-Villanueva et al. 2018, 44). On the other hand, it can effect negatively to other employees, if leaders or colleagues are not committed to advancing eHealth (Vuononvirta 2011, 26; Lupíañes-Villanueva et al. 2018, 46).

According to Forducey et al. (2005, 154), especially the support of administration of the organization and functionality of telerehabilitation equipment support the implementation of telerehabilitation. The adoption of telehealth technology is a slow process and the management needs to have a mutual, shared vision about the adoption of telehealth (Vuononvirta 2011, 25, 36). When planning to start implementing new technology in healthcare context, it is crucial to have a good and elaborate plan (Lupíañes-Villanueva et al. 2018, 44). The adoption of telehealth requires time, strong leadership, analyzing the current needs, profound planning of processes and proceeding in stages from easy to more advanced eHealth techniques (Vuononvirta 2011, 36).

3.3 Adopting new technology

In the context of eHealth, individual ways of adopting new technology have been examined especially through the models of technology acceptance (TAM) and The Task-Technology Fit model (TTF) in addition to the Theory of Planned Behavior (TPB) and Unified Theory of Acceptance and Use of Technology (UTAUT) (Vuononvirta 2011, 27-28). Adoption of new technology can also be explained with the model of technology adoption life cycle (Moreira 2013, 10).

The technology acceptance model (TAM) explains key factors between accepting and using new technology from an individual's point of view. In TAM the basic idea is that the motives behind accepting new technology are 1) perceived usefulness and 2) perceived ease of use. Although TAM is a useful theory, it has

not been seen to be enough to explain the whole phenomenon of the deployment of new technology. (Vuononvirta 2011, 28.)

The Task-Technology Fit model (TTF) examines adopting new technology through the interaction between technology, user and the suitability of the expected tasks from an individual point of view (Vuononvirta 2011, 28). The TTF model has later been completed to a Fit between Individuals (FITT) model, in which the assumption is that adopting technology in healthcare is dependent on the compatibility between individual's motivation, technology acceptance, functionality and accessibility of the technology, and expected work processes (Vuononvirta 2011, 28).

In the theory of planned behavior (TPB) it is believed that the readiness of starting a new behavior is effected by attitude, belief to one's capabilities and subjective norms (Vuori 2017, 166). When starting something new, factors effecting behind individual choices are 1) expectations and 2) values. People engage to new tasks if they believe to have the ability to cope in them, if they value them and believe the new tasks to be valuable and important. New tasks can cause emotional anxiety as they require more effort and decrease the opportunity to do something else. Therefore, committing to new task is also effected by the perceived personal costs, such as emotional cost, effort cost and opportunity cost of the task. (Viljaranta 2017, 66-67.)

The unified theory of acceptance and use of technology (UTAUT) combines e.g. TAM and TPB. In UTAUT factors effecting to the deployment of new technology are 1) performance expectancy, 2) effort expectancy, 3) social influence and 4) facilitating conditions. Age, gender, experience and voluntariness can effect to the aforementioned key factors. (Vuononvirta 2011, 27-28.)

The way an individual reacts to the need to adopt new technology, has also been described through the model of technology adoption life cycle illustrated in Figure 4. The technology adoption lifecycle model examines psychological differences in population by defining adopter groups by the way they accept innovations. These

groups are *innovators*, *early adopters*, *early majority*, *late majority* and *laggards*. (Moreira 2013, 10–11.)

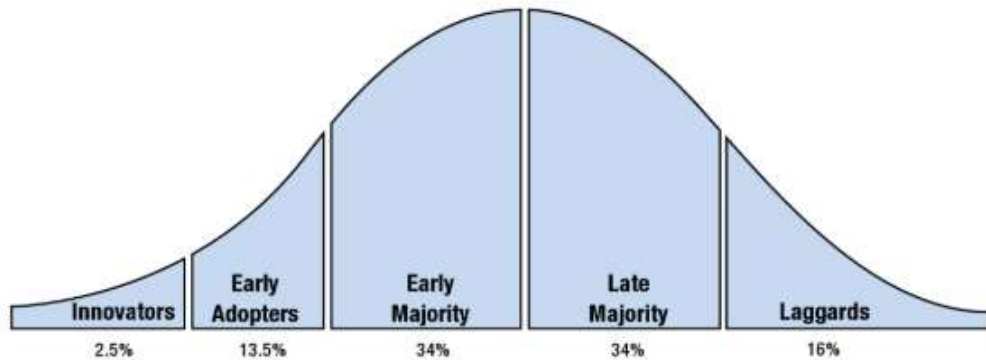


Figure 4. Technology adoption lifecycle (Moreira 2013, 10).

In the model of technology adoption life cycle, the hypothesis is that some parts of the population see the benefits of innovations rapidly, whereas others need example or can even be reluctant to change (Moreira 2013, 10–11). Therefore, also in the development process of this thesis, it is important to notice that the time required for change is individual.

3.4 Supporting individual change in internal branding

In the previous chapters, the central themes in internal branding and change related to implementing new technology were described. This chapter deepens the views on what to consider in practice when supporting individual change in internal branding.

In a change, the resistance and reluctance of the employees needs to be anticipated and understood: people naturally often do not want to give up of their customs and habits (Bradutanu 2015, 5). In order to inspire employees to provide services according to organization's values and brand vision, internal education in communication and expected behavior is needed (Matanda & Ndubisi 2013, 1034; Punjaisri et al. 2009, 572-573). In communication it should also be brought about what are the differences of the organization's values compared to other brands (Punjaisri et al. 2009, 573). Appropriate communication and social interaction supports employee engagement (Vallaster & Lindgreen 2013, 297).

Employee commitment is the key factor in delivering brand values (Vallaster & Lindgreen 2013, 297). Being able to change becomes impossible if people are not committed to what they are doing. In the future it becomes more and more important to understand that intrinsic motivation supports both the profitability of the organization and the employees' wellbeing. (Deci et al. 2017, 20; Martela et al. 2017, 107.)

Employee engagement and motivation can be supported through transformational and empowering leadership practices (Hakanen 2017, 120; Deci et al. 2017, 31). The state to where employees internalize organization's brand values and show them in their own actions, is in relation to the organizational culture built by managers. Managers have a central role in supporting self-determination of the employees and building leadership and culture that support the process of internal branding. (Liu et al. 2015, 7.) Managers also have a crucial role in showing example and supporting employees to function according to the brand values (Devasagayam et al. 2010, 211; Liu et al. 2015, 8).

Organizational values can be transferred through supportive environment (Liu et al. 2015, 23). It is important to create specific support activities when trying to enhance the employees' identification and motivation to organization's values, goals and what the brand has promised (Devasagayam et al. 2010, 211; Matanda & Ndubisi 2013, 1031). Engagement is built with expertise, not force. Using force creates hostility and effects negatively on relationships. (Bolman & Gallos 2016, 124.)

Leadership and the structures of work can either support or weaken the autonomous motivation (Deci et al. 2017, 20, 38). Autonomous motivation is related to decreased intention to quit, increased work satisfaction, creativity, sharing knowledge among employees and increased business profit (Martela et al. 2017, 104; Foss et al. 2009, 876–877; Preenen et al. 2016, 80). When employees are engaged to work, they experience vigor, dedication and absorption to work (Hakanen 2017, 116).

The right kind of interaction and structures of an organization can significantly effect to employees' possibilities to find intrinsic motivation (Deci et al. 2017, 20; Martela et al. 2017, 105). The organization's environment is built of extrinsic motives offered by managers. Extrinsic motives can over time be transferred into intrinsically motivated behaviors. (Liu et al. 2015, 7.) In internal branding it is important to give time to the formation of self-determinate behavior through externally encouraged behaviors (Liu et al 2015, 23–24). Liu et al. (2015, 6) suggest that in the context of internal branding, it is important for the external rewards or demands to be compatible with intrinsic values of the employees as a person acts with self-determination when external motivators meet intrinsic values (Liu et al. 2015, 6).

As stated before, people experience intrinsic motivation and well-being when their three psychological basic needs of autonomy, competence and relatedness are fulfilled (Deci et al. 2017, 20). In order to support the process of internal branding, the environment needs to meet and support the employees' psychological basic needs (Liu et al. 2015, 7; Martela et al. 2017, 102). The need of autonomy has been noticed to be the most important to fulfill (Martela et al. 2017, 102). The fulfilment of psychological basic needs enhances the ability to internalize external motives (Vasalampi 2017, 59).

The experience of autonomy can be supported through transformational leadership by giving value to the employees' thoughts, giving possibilities to choose, supporting initiative behavior and explaining and justifying instructions and rules (Deci et al. 2017, 20, 38). In addition autonomous motivation can be supported by avoiding strict orders, by trusting the resources of employees and by accepting also negative feelings (Martela et al. 2017, 103; Hardré & Reeve 2009, 170-171).

The psychological need of competence can be supported by giving feedback of accomplishments and by clear, defined job descriptions. It is also important to provide work tasks that challenge optimally, and offer possibilities to modify one's work. (Hakanen 2017, 105, 120.) In order to build employees' intrinsic motivation, the work assignments have to be both meaningful and important for the employees (Martela et al. 2017, 101).

The need of relatedness is supported by taking into account an individuals' feelings and concerns and creating co-operative work and change approaches (Visser 2010, 9). It is important to make employees a part of development and planning processes as it makes visible the appreciation towards them. Participating the employees also supports commitment as it enhances the experience of being a plenipotentiary member of the work community. (Martela et al. 2017, 105.) It is important to notice that also the leaders are more likely to be transformational when their own psychological basic needs of competence, autonomy, and relatedness are satisfied (Deci et al. 2017, 32).

In internal branding employees' brand-understanding and brand-ownership can be supported by involving them to the brand process and emphasizing communality (Devasagayam et al. 2010, 217). Treating employees with the same appreciation as external customers and communicating efficiently supports the employees' commitment to organizational goals and the organization itself, and is therefore crucial in making it possible to deliver the brand promise and brand qualities to external customers (Matanda & Ndubisi 2013, 1047; Devasagayam et al. 2010, 211, 216-217).

4 RESEARCH IMPLEMENTATION

This chapter presents the selected methodology and research process of this thesis. In addition, the data collection and analysis are described.

4.1 Research methods and process

The aim of this study was to find ways to support the employees to act as brand ambassadors of telerehabilitation by using internal branding as a tool. The objective of the study was to develop functional steps of the near future internal branding of telerehabilitation in the commissioning enterprise and to constitute a recommendation of best practices in internal branding in the context of telerehabilitation.

In this study action research was utilized as an approach, which means that there was a strong developmental drive in the study. Action research is a process that seeks to research, change and develop the occurring situations. Action research as a manner of approach provides possibilities to bring out the experiences of the stakeholders in the local context and provide them possibilities to learn by doing during the research. In action research, the researcher is part of the process and interacts with the stakeholders with the goal to collect data, understand complexity and solve problems. (Heikkinen & Jyrkämä 1999, 32-33; Coghlan & Brannick 2001, 3-7; Koshy et al. 2011, 1-4.) At its best, action research is a shared learning process to all taking part in it (Aaltola & Syrjälä 1999, 15).

The developmental study of this thesis was conducted as a participatory action research in the commissioning enterprise. Participatory action research can also be called *community-based action research*, and it emphasizes the participation of the community members to the research process. The participation of the community is visible in all stages of the research. Participatory action research aims to open dialogue and advancing interaction between parties in order to develop actions together. (Heikkinen 2006, 32-33.)

In this study action research was chosen as an approach as the study focused on developing new practices together with the stakeholders. The actions were

targeted primarily to the management of the organization, but also the employees were involved by surveying their experiences and utilizing the knowledge they provided as a base to further development. The cooperation with the organization and stakeholders was present in all stages of the project from agreeing about schedules and resources to developing new practices together. The researcher was a part of the process from collecting data to making interpretations and solving problems together with the stakeholders.

Action research is interested in how to do things better (Heikkinen 2018, 215). The focus in action research is in connecting research to development (Heikkinen 2006, 36-37). The creation of the theoretical framework and the data collection of this study were designed to serve the developmental actions of the study and to give answers to the research questions of how should the telerehabilitational employee advocacy be supported in the context of internal branding, what are the important individual and contextual factors in internal branding of telerehabilitation and how can the employees be supported individually to committing to the use and marketing of a new service.

As action research is more of an approach than a method in itself, it is possible to utilize both quantitative and qualitative methods in data gathering (Heikkinen 2006, 36-37). Action research also provides a possibility to triangulation. In triangulation it is possible to combine different research methods, such as interviewing and observing in addition to collecting data from many different sources. (Huovinen & Rovio 2006, 104-105.) Triangulation is seen to increase the validity of the research (Tuomi & Sarajärvi 2002, 141-142).

This study utilized triangulation in its execution and data collection. The study used participatory methods by organizing a workshop and a questionnaire to produce data and create results. Both the employees and the managers of the commissioning enterprise acted as informants of the study. The data was analyzed with both qualitative and quantitative methods. The purpose in applying the aforementioned methods was in understanding the big picture of the phenomenon and supporting the collaborative aspects of the study.

The study included both employees and managers of the commissioning enterprise to the research process. The questionnaire was targeted to the therapists (n=186) who worked as employees in the enterprise and its aim was to highlight the current situation of telerehabilitation in order to target the developmental procedures correctly. The questionnaire was also a way to involve the employees and give them possibilities to influence to the research and development process. In addition, the regional managers (n=8) were taken along to the development process by giving them an introduction to the theme of the study and by organizing a workshop for them. The purpose of the workshop was to make a plan of procedures about how the employees could be supported in employee advocacy (i.e. use and marketing) of telerehabilitation. The data collection and analysis are described more widely in chapter 4.2.

As described in Figure 5, action research is formed of reflective cycles, which are consisted of planning, acting, observing and reflecting the process, and after these, replanning. The cycles form a spiral in which the cycles start afresh after replanning if a need for change is noticed. (Koshy et al. 2011, 5.) Before planning, it is important to understand thoroughly the context of the project and diagnose the issues that require action (Coghlan & Brannick 2001, 17). It is important to notice that often the cycles do not take place in a chronological order, as they are intertwined and overlapped with each other (Kiviniemi 1999, 67).

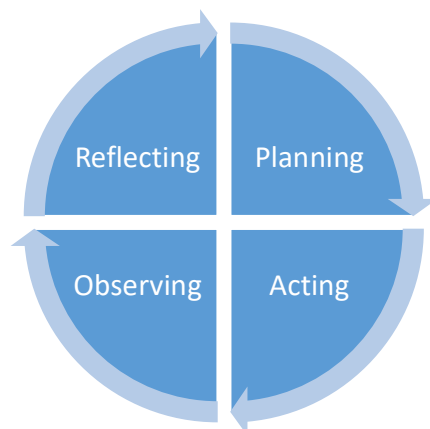


Figure 5. A cycle of action research (Heikkinen 2006, 35).

This study and project retold the cycles of action research that are illustrated in Figure 5. As shown in Figure 6, the process started with gathering an understanding about the theoretical framework and its central themes in addition to reflecting previous experiences. Before the first cycle also schedules, resources and the entirety of the study was agreed with the commissioning enterprise.

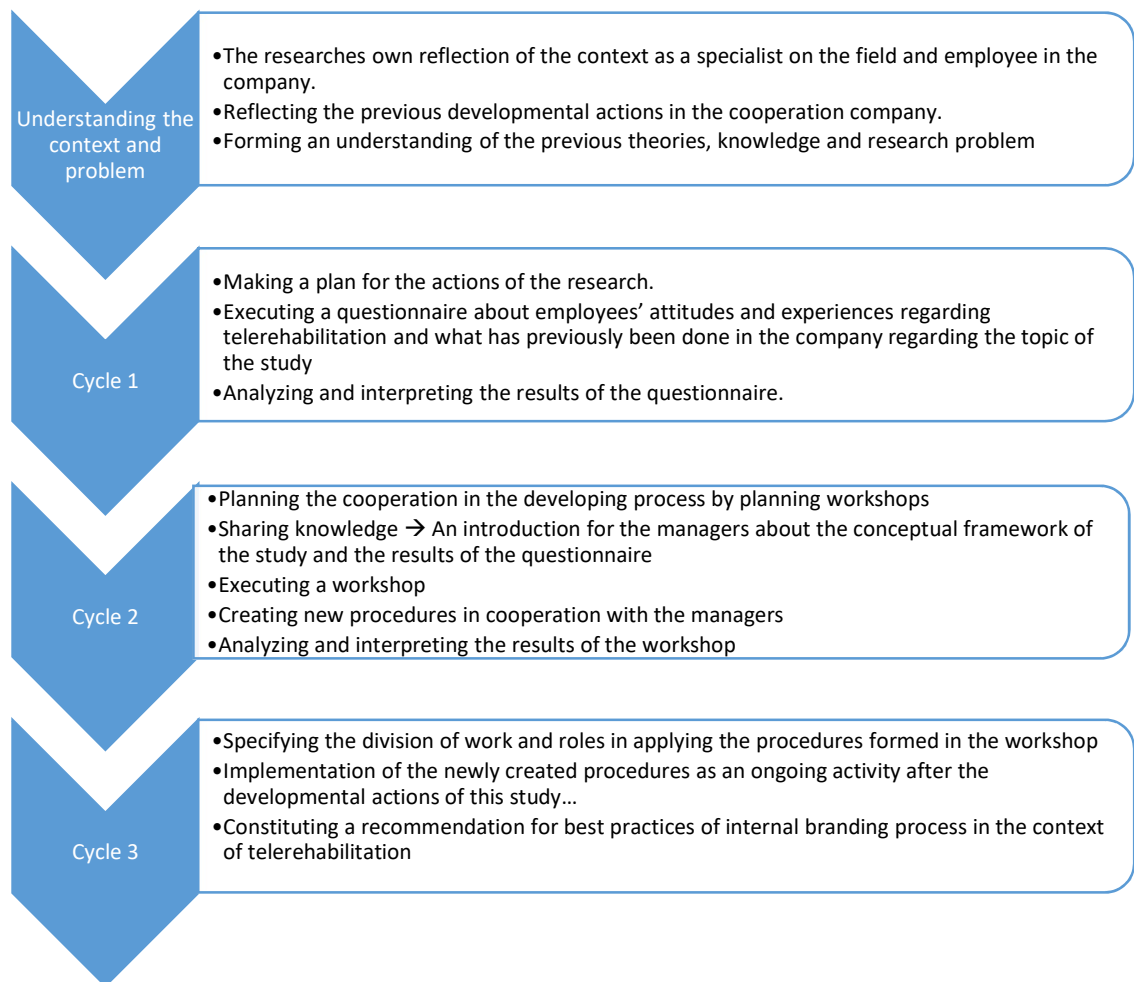


Figure 6. The cycles of action research in this thesis.

As described in Figure 6, in the first cycle a plan was made for the research, action took part in the form of executing a questionnaire, and observing and reflecting were present in analyzing and constituting an understanding of the results of the questionnaire. In the second cycle, a detailed plan for the workshop was made, and the theory and the results of the questionnaire were observed with the managers of the enterprise. Action took place in the form of organizing the

workshop where the important matters were also reflected in collaboration. In the third cycle, a more detailed plan was made according the plan that was created in the workshop, and acting towards the implementation of the collaboratively planned procedures began. As a result of observing and reflecting the process and its results, a recommendation of best practices of internal branding process in the context of telerehabilitation was constituted. The actions of the research process were based on the principles of action research and the needs of local context.

4.2 Data collection and analysis

In action research it is possible to utilize many different methods in data collection. The data can consist of e.g. written material that is produced during the development process as well as quantitative material, such as inquiries. (Huovinen 2006, 104.) This study applied triangulation by collecting data from different sources and combining different methods (Huovinen & Rovio 2006, 104–105). The data in this study was collected by (1) executing an Internet questionnaire (2) organizing a workshop.

Both quantitative and qualitative methods were used in this study. Quantitative methods can be utilized to data that is numerical or can be quantified (Saunders et al. 2012, 472). Quantitative research is based on measuring and gathering numerical data and aims to generalizations with statistics. Quantitative analysis is executed with statistical techniques. (Saunders 2012, 162–163.) On the contrary, qualitative methods aim to achieving a profound and rich understanding of the research topic. Qualitative research is often interpretive as it seeks to find subjective meanings behind phenomena. (Saunders et al. 2012, 163, 546.) There are no clear, preordered patterns for analyzing qualitative data (Saunders et al. 2012, 556). However, content analysis is an often used way to analyze qualitative, written data (Tuomi & Sarajärvi 2002, 105).

In this study, the qualitative data was processed with content analysis. In the content analysis of this study, the manner of approach was abductive, which means that the theoretical framework of the study supported the process of

analysis. In abductive analysis the aim is not to test a specific theory, but rather help gain new ideas to innovative interpretation and thinking, and the analysis of the data considers both, inductive and deductive approaches (Tuomi & Sarajärvi 2012, 96). In the process of analyzing in this study, the top themes were based on the theoretical framework, but the categorization left space to the important matters that arouse from the data. The data-based observations were also highly emphasized in the development process of this action research.

In this study organizing the data involved processing the questionnaire data, categorizing and analyzing qualitative data utilizing content analysis, and creating short-term plan of action for the company as well as constituting the recommendation of best practices by combining the experiences and results of the study to previous knowledge and theory.

4.2.1 The questionnaire

The term questionnaire refers to data collection methods where all participants are asked to answer same questions in the same order (Saunders et al. 2012, 416-417). Questionnaires are useful e.g. when the research is trying to describe opinions and attitudes (Saunders et al. 2012, 419). A questionnaire is a typical way to collect quantitative data. The advantage in a digital questionnaire is that it is possible to convert the answers straight as a document for the researcher to use. (Saunders et al. 2012, 162; Valli 2018, 92, 101.)

The building process of the questionnaire's questions should be based on the aims, research problems and theoretical concepts of the study (Valli 2018, 93). It is possible to use both closed and open questions in a questionnaire. Closed questions offer ready answering alternatives, and therefore are easy to answer, compare and measure. In turn, open questions are answered in respondent's own way, and offer more profound knowledge of the respondents' experiences. (Saunders et al. 2012, 432.)

It is important to design the questions of the questionnaire carefully, as carelessly arranged questions can cause errors to the results of the research (Valli 2018,

93). The questionnaire should be composed in a way that the questions in the beginning of the questionnaire offer background information and function as explanatory variables. The questionnaire proceeds from easily answerable questions to more complex ones. It is advisable to add easier questions again at the end of the questionnaire. The length of the questionnaire that is targeted to adults, should not be more than five pages in order to keep the respondents interested. If the respondents get tired of answering the questions, they may give inconsiderate answers, which affects to the results negatively. (Valli 2018, 94–95.)

The structure of the questions causes the most errors to the results of a research. Therefore, the questions should be clearly formed and avoid leading the respondent. (Valli 2018, 93.) However, in a questionnaire that examines attitudes, the statements are allowed to be leading in order to reflect relatively the attitudes of the respondents. The statements are advisable to be interesting and appeal to emotional thinking. (Jyrinki 1974, 73, 76.)

In this study, the questionnaire was targeted to all the employees that worked at that time as therapists in the commissioning enterprise in order to create an understanding of their attitudes, experiences and perceptions regarding the topic of the study. The aim of the questionnaire was to highlight the current situation of telerehabilitation in order to target the developmental procedures correctly in the later parts of the study. The questionnaire was also a way to involve the employees and give them possibilities to influence to the research and development process.

The questions of the questionnaire were built based on the research questions of the study and the themes of the conceptual framework (Figure 1) in addition to the researcher's experiences of telerehabilitation as an expert of content. These theory-based themes were 1) individual factors in the deployment of telerehabilitation 2) employee advocacy 3) support and education and 4) leadership culture. The questionnaire was conducted as a total sampling for the commissioning organization's 186 therapists that were present working in the

enterprise at that time as 37 of the total therapy-staff of 223 were on maternity leave. The present therapists consisted of 52 occupational therapists, 62 physiotherapists and 72 speech therapists. The aforementioned background variables of which therapy field each respondent represented, were mapped in the questionnaire.

The questionnaire consisted of qualitative open questions as well as quantitative multiple-choice statements that were answered on a Likert scale. The multiple-choice questions were built to reflect the respondents' attitudes, experiences and perceptions regarding telerehabilitation. The open questions pursued to reveal more profound knowledge of what kind of knowledge or support the employees had received previously or wished to receive in the future regarding the subject of the study. The questionnaire was answered anonymously and the identity of the informants was not revealed in any stages of the research.

The questions/statements of the questionnaire were based relying on the experience that at the moment and in the context of telerehabilitation, deploying telerehabilitation is more acute than straightforwardly marketing it – positive attitudes towards telerehabilitation increase also marketing it and sharing knowledge of it in customer situations.

The questionnaire was conducted as an Internet questionnaire via Webropol. Before conducting the questionnaire, the questions of the questionnaire were reviewed together with the divisional director of rehabilitation of the commissioning enterprise and tested by two people. The test group did not have developmental propositions to alter the questionnaire. The questions of the questionnaire can be found in Appendix 1. It is important to notice that the questionnaire was conducted in Finnish, and therefore the appendix and the presented example figures in the results section are translations of the original questions and their answers.

The link to the questionnaire was delivered via email to all the therapists of the commissioning enterprise. The target group was informed of the aim and purpose

of the questionnaire and how the results of the questionnaire would be utilized. The response time for the questionnaire was two weeks and a reminder of the questionnaire was delivered a week before the due date.

The results of the questionnaire were analyzed using both qualitative and quantitative methods. The multiple-choice questions were processed quantitatively and analyzed by statistical methods such as utilizing the statistical tools provided by the Webropol and calculation tools of Survey Monkey (a survey software) in addition to spreadsheet software. The data was monitored to find knowledge of the average, range and differences between variables to an extent that was necessary to form a comprehension of the current conditions that would be beneficial in latter development.

The open questions of the questionnaire, answered in a written format, were analyzed with qualitative content analysis. The analysis was executed by abductive reasoning. In the analysis the upper themes were formed according the central themes of the conceptual framework. The sub-themes were formed by using the questions of the questionnaire as basis, and categorizing the answers to bring forth the variation in the answers.

4.2.2 The workshop

A workshop is a participatory and collaborative method that is used to create new ideas and broaden the researcher's view of the topic in addition to finding new solutions, planning actions and making small decisions. In workshops, the participants are the ones who produce the content. The organizer of the workshop does not intervene into the produced contents, but supports the participants to work fluently together. (Koskinen et al. 2018, 156.)

In this study, the workshop was chosen as a collaborative tool to involve and support the participation of the managers to the development process and to develop practices together. The participants of the workshop were the regional managers (n=8) of the commissioning enterprise. The purpose of the workshop was to develop concrete procedures to support the employees to implement and

market telerehabilitation. The object was to develop a plan of procedures in enhancing the employee advocacy of telerehabilitation. The contents and results of the workshop were documented and utilized as data in the research.

Koskinen et al. (2018, 157) suggest that it is beneficial to highlight the aim of the workshop to the participants beforehand. It is also important for the participants to know why they are present and that they are willing to participate to the workshop (Koskinen 2018, 159).

In this study, the background, framework, purpose and objectives of the collaborative development work in addition to the aim of the workshop were introduced to the participants of the workshop in an introduction three weeks before the workshop. The introduction material contained theoretical synthesis about the themes of what is important in internal branding, what are the important factors to be considered in the deployment of telerehabilitation and how the employees can be supported in change. In the introduction the participants were also introduced to the experiences of the employees that were surveyed in the questionnaire of this study.

The plan of the workshop was supplied beforehand to the divisional director, director of development, and to the supervisor of this study in the commissioning enterprise. It was also agreed beforehand that the divisional director and director of development would work as bookkeepers in the workshop. The time limit for the workshop was three hours, so the schedule was tight. Koskinen et al. (2018, 162) suggest that in the beginning of the workshop, it is important to ensure that the participants become acquainted with each other. However, as the participants of the workshop knew each other beforehand, time for familiarization was not needed.

Conducting a workshop is called facilitating. Facilitation helps working in a workshop to become effortless and gain the expertise of the participants to an effective use. The organizer i.e. the facilitator plans the workshop and supports the group to gain the objectives of the workshop in the given time limit. The

facilitator is objective, but helps to create ideas and make decisions towards common goals. It is often useful that the researcher of the study works as the facilitator of the workshop. (Koskinen 2018, 156–157.) In this study, the researcher worked as the organizer and facilitator of the workshop.

The workshop consists of clarifying the subject together, planning solutions and preparing actions (Kantojärvi 2012, 27). It is possible to apply several different methods of collaboration in a workshop (Koskinen 2018, 164). For the workshop of this study, the chosen methods were small-group conversations, a “me-we-us”-method and “sorting ideas”. In addition, the participants ideated a mind map and kept sales pitches for each other to present the best ideas.

The “me-we-us”-method seeks to let everyone’s ideas to be heard. In this method the ideas are first documented alone, then the ideas are reflected and further developed with a pair, and after that, shared to the group. The ideas are documented to post-it -notes. (Koskinen et al. 2018, 164-165.) On the other hand, “sorting ideas” strives to separate mature ideas from ideas that are too difficult to realize. The sorting is carried out by the participants themselves to support their sense of ownership and participation. (Koskinen 2018, 165.)

In this study, the workshop was divided into six phases. According to the description of Koskinen et al. (2018, 162-163) the phases were 1. Starting, 2. Ideation, 3. Mind map-familiarization, 4. Sorting and introducing ideas, 5. Choosing ideas and 6. Finishing. The duration of each phase was approximately 30 minutes as advised by Koskinen et al. (2018, 162). In the beginning of the workshop, the participants were divided into two small groups. The groups were mixed so that in each group there were participants with different backgrounds and different length of experience as a manager. The phases of the workshop are described in Figure 7.

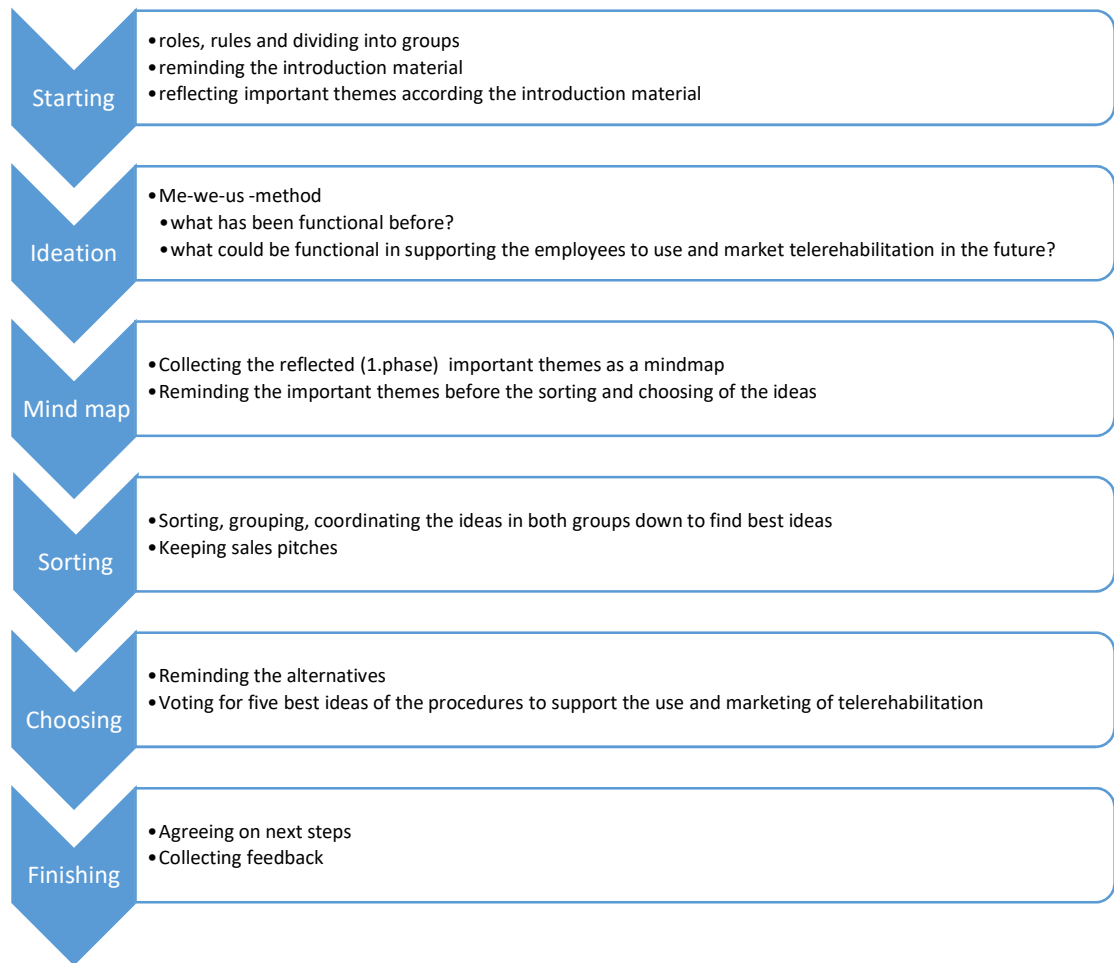


Figure 7. The phases of the workshop organized in this thesis.

The participation of the employees was taken into account in the workshop by using the introduction material from previously kept introduction moment for the managers as a base to ideation in the workshop. The introduction material contained the theoretical background and results of the questionnaire. The workshop started with introduction material -based reflection about questions of “What are the important factors in enhancing the employee advocacy i.e. the use and marketing of telerehabilitation?” and “What should be transmitted to employees according the introduction material?”. The results of the reflection were gathered as a mind map of important factors to be considered when making decisions in the workshop.

In a workshop it is important to provide the participants freedom for ideation, and therefore too strict questions and frames should be avoided (Koskinen et al.

2018, 162). In the workshop of this study, the participants created ideas and procedures alone, in pairs and in two different groups. The ideation concerned two questions that were: (1) What has already been functional in supporting the employees to market and use telerehabilitation? (2) What are the procedures that could support therapists to work as brand ambassadors i. e. market and use telerehabilitation?

The participants' sense of ownership of the workshop can be supported by providing them a possibility to present the central ideas and insights themselves (Koskinen et al. 2018, 163). In the workshop of this study, the ideation proceeded from wild and very creative ideas to narrowing the ideas to the ones that were in line with the commissioning organization's strategy, budget and resources. At the end of the workshop both of the two groups selected five best and most viable procedures that they introduced to the other group by giving a sales pitch. Therefore, before the final selection, there were ten best ideas left. After the pitches, as the result of the workshop, the participants voted five best procedures to support the employee advocacy of telerehabilitation. In the finishing phase of the workshop, the participants were asked to give feedback and share their experiences of the workshop in a feedback form. The feedback form can be found from Appendix 2.

The specific roles and work tasks in the execution of the plan were agreed in a manager's meeting after the workshop. The workshop documents were analyzed using qualitative content analysis. The results of the workshop were delivered and introduced to the executive board of the commissioning organization.

5 RESULTS OF THE RESEARCH

In this chapter, the results of the questionnaire are presented in subchapter 5.1. In addition, the results of the workshop including the selected procedures are described in subchapter 5.2.

5.1 Results of the questionnaire

The sample of the questionnaire was 186 as the questionnaire was targeted to all the employees that worked at that time as therapists (52 occupational therapists, 62 physiotherapists, 72 speech therapists) in the commissioning enterprise in order to create an understanding of their attitudes, experiences and perceptions regarding the topic of the study. The questionnaire was conducted in Finnish as an Internet questionnaire, and it consisted of open questions as well as statements that were answered on a Likert scale. The questionnaire was answered by 79 therapists, of which 43 were speech-language pathologists, 15 physiotherapists and 21 occupational therapists (Figure 8).

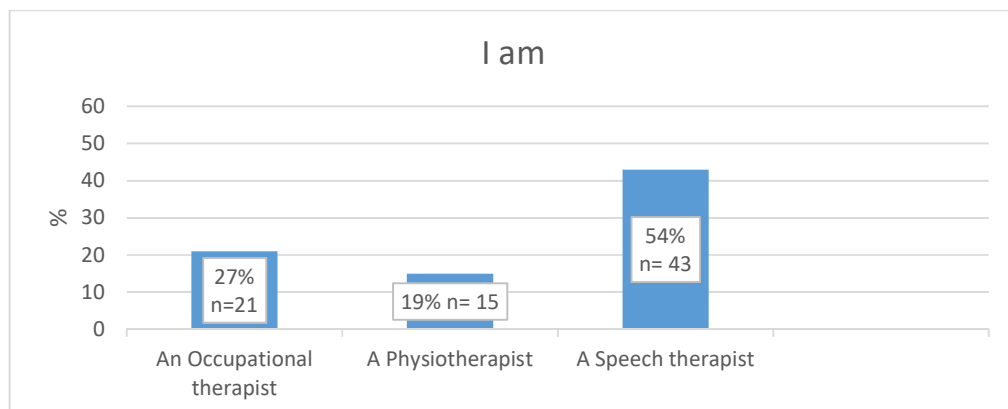


Figure 8. The respondents' occupation (n=79).

The response rate of the whole questionnaire was 42%, which leads to 8% margin of error (95 % confidence). Among speech therapists the margin of error in 95% confidence was 10%, among occupational therapists 17% and among physiotherapists 22%. Therefore, the answers reflect the overall situation and speech-language pathologists experiences in the commissioning enterprise quite

satisfactory, but are not generalizable to describe separately and reliably physiotherapists' or occupational therapists' experiences.

Individual factors. The respondents' attitudes towards telerehabilitation seemed positive on the scale of 1-5 (fully disagree – fully agree). The majority of the respondents felt their attitude towards technology was positive (avg. 4, 2). The respondents saw enhancing the use of telerehabilitation important (avg. 4, 2) and felt that telerehabilitation provides numerous possibilities for rehabilitation (avg. 4, 1).

However, as illustrated in Table 1, when comparing variables it was observed that physiotherapists did not see enhancing telerehabilitation (avg. 3, 7) as important as speech-language-pathologists (avg. 4, 4) and occupational therapists (avg. 4). In addition, the physiotherapists did not see the possibilities of telerehabilitation (avg. 3, 9) as versatile as speech-language pathologists (avg. 4, 26) and occupational therapists (avg. 4).

Table 1. Ranges and differences between variables in seeing telerehabilitation as important.

“I see enhancing telerehabilitation as important”

Fully disagree – Fully agree	1	2	3	4	5	In total
Speech therapist	0	0	5	17	21	43
	0%	0%	11,6%	39,5%	48,8%	
Occupational therapist	0	2	3	8	8	21
	0%	9,5%	14,2%	38,1%	38,1%	
Physiotherapist	0	3	2	7	3	15
	0%	20%	13,3%	46,7%	20%	
In total (n)	0	5	10	32	32	79
		6,3%	12,7%	40,5%	40,5%	

As shown in Figure 9, the experiences of motivation and self-determination towards telerehabilitation were in overall quite neutral. The respondents did not agree nor disagree with the statements of being excited about telerehabilitation (avg. 3, 4) nor being willing to implement telerehabilitation (avg. 3, 4). However, attitudes towards implementing telerehabilitation in the commissioning enterprise's regional teams were seen quite positive (avg. 3, 9). Despite this, the respondents did not evaluate their self-determination in gaining new skills and knowledge in telerehabilitation very high (avg. 3, 3).

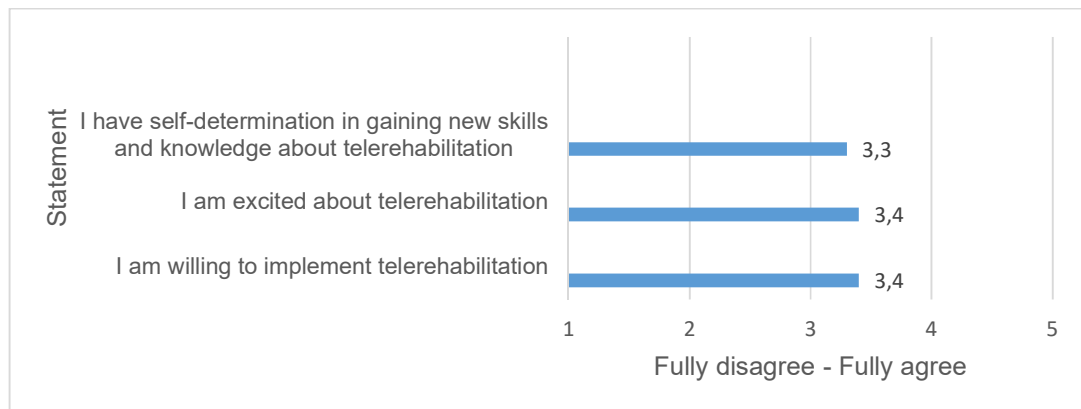


Figure 9. Experiences of motivation and self-determination among all respondents (n=79).

By their own evaluation, the speech therapists had been acting with greater self-determination (avg. 3, 8) regarding telerehabilitation than occupational therapists (avg. 2, 7) and physiotherapists (avg. 2, 7) as shown in Figure 10. In comparison, the physiotherapists and occupational therapists were less excited about telerehabilitation and less willing to implement telerehabilitation than speech therapists (Figure 10). As illustrated in Table 2, the willingness to implement telerehabilitation varied widely, as the range in answers was 1-5 in all respondent groups.

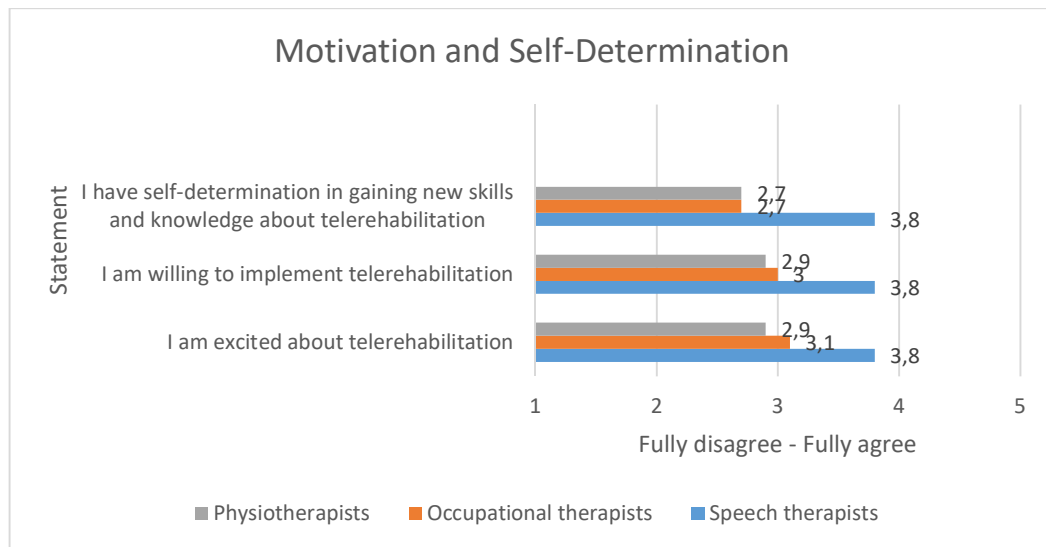


Figure 10. Comparison of motivation and self-determination between variables.

Table 2. Willingness to implement telerehabilitation between respondent groups.

Willingness to implement telerehabilitation	Average	Range	Median
Physiotherapists, n=15	2,9	1-5	3
Occupational therapists, n=21	3,0	1-5	3
Speech therapists n = 43	3,8	1-5	4

Support and education. The respondents felt they had received support from colleagues and managers concerning telerehabilitation. The supportive acts were named as providing knowledge, material and education in addition to offering concrete direction and internal communication. The respondents felt that the best practices that had been supporting their know-how in telerehabilitation were internal education and introduction, the support, encouragement and example of colleagues and manager, internal communication and easily and digitally accessible knowledge.

However, the respondents felt they needed more individual support from manager and colleagues in the form of education, reserving time and brainstorming. They felt that they needed better introduction to how to use the equipment, more material and ideas to the implementation of telerehabilitation and possibilities to observe how more skilled therapists execute telerehabilitation. The respondents felt that factors affecting negatively to gaining know-how in telerehabilitation were lack of time, challenges in the services of IT-support, technological problems and shortage in education. The respondents emphasized the importance of time in practicing, rehearsing and gaining practical knowledge.

The experiences about the previously provided education were quite neutral in overall: the respondents felt they had received some support in gaining knowledge and skills in telerehabilitation (avg. 3, 1), which was felt somewhat sufficient (avg. 3, 1). However, the respondents believed they had quite enough skills to execute telerehabilitation (avg. 3, 7) and use the necessary technology (avg. 3, 9). The respondents also knew quite well where to look for help in matters concerning telerehabilitation (avg. 3, 9).

As shown in Table 3, the respondents felt that the education provided in the commissioning organization had enhanced their know-how in telerehabilitation quite well (avg. 3, 9). However, the provided education in telerehabilitation had been felt better to enhance know-how among speech-language-pathologists (avg. 4, 3) than occupational therapists (avg. 3, 6) and physiotherapists (avg. 3, 4).

Table 3. Ranges and differences between variables in experiences of the provided education.

“The provided education in telerehabilitation has enhanced my know-how well”

Fully disagree – Fully agree	1	2	3	4	5	Not able to say	In total
Speech therapist	0	0	5	17	15	6	43
	0%	0%	11,6%	39,5%	34,9%	14%	
Occupational therapist	0	3	5	6	4	3	21
	0%	14,3%	23,8%	28,6%	19,1%	14,3%	
Physiotherapist	0	1	6	3	1	4	15
	0%	6,7%	40%	20%	6,7%	26,7%	
In total (n)	0	4	16	26	20	13	79
		5%	20,3%	32,9%	25,3%	16,5%	

The respondents evaluated that in the future good ways to support know-how and implementation of telerehabilitation among employees would be communicating better what the employees are expected to do concerning telerehabilitation, providing more practical education, sharing knowledge better between experienced and novice therapists, and providing more time to practice in addition to clearer support from manager. The promotive and inhibitory factors in the deployment of telerehabilitation are illustrated in Table 4.

Table 4. Promotive and inhibitory factors in the deployment of telerehabilitation.

Promotive factors	Inhibitory factors
<ul style="list-style-type: none"> • Support, encouragement, example from colleagues and managers • providing knowledge, material and education • offering concrete direction • internal communication • internal education and introduction • easily and digitally accessible knowledge • time 	<ul style="list-style-type: none"> • lack of time • lack of communication concerning expectations • lack of practical education • unclear support from manager • challenges in the services of IT-support • technological problems • shortage in education

Employee advocacy. The respondents were very aware that developing and enhancing the use of telerehabilitation are central in the commissioning organization's strategy (avg. 4, 7) and felt that the commissioning organization was a pioneer in telerehabilitation (avg. 4,1). The percentage distributions of the answers to the aforementioned matters are presented in Tables 5 and 6.

Table 5. Percentage distributions in awareness of telerehabilitational strategy.

"I am aware that developing and using telerehabilitation are a central part of our organization's strategy"

Fully disagree – Fully agree	1	2	3	4	5	In total
Speech therapist	0	0	2	5	36	43
	0%	0%	4,7%	11,6%	83,7%	
Occupational therapist	0	0	0	7	14	21
	0%	0%	0%	33,3%	66,7%	
Physiotherapist	0	0	0	8	7	15
	0%	0%	0%	53,3%	46,7%	
In total (n)	0	0	2	20	57	79
	0%	0%	2,5%	25,3%	72,2%	

Table 6. Percentage distributions of seeing the organization as a pioneer of telerehabilitation.

"I see our organization as a pioneer of telerehabilitation"

Fully disagree – Fully agree	1	2	3	4	5	In total
Speech therapist	0	2	6	19	16	43
	0%	4,7%	14%	44,2%	37,2%	
Occupational therapist	0	1	4	8	8	21
	0%	4,8%	19%	38,1%	38,1%	
Physiotherapist	0	0	4	6	5	15
	0%	0%	26,7%	40%	33,3%	
In total (n)	0	3	14	33	29	79
	0%	3,8%	17,7%	41,8%	36,7%	

The themes that seemed to require developmental attention the most were the concrete aspects of strategy and commitment to enhancing telerehabilitation. The respondents did not feel that the goals in enhancing telerehabilitation were clearly set (avg. 2, 5) and did not have a good understanding about what they were expected in enhancing telerehabilitation (avg. 2, 8).

As shown in Figure 11, the respondents' brand-supportive behavior among all respondents seemed challenging as the respondents' did not agree on having an important role in enhancing the organization's telerehabilitational brand (avg. 3, 0). They disagreed to have enhanced the commissioning organization's role as a pioneer in telerehabilitation (avg. 2, 9) and had mainly rarely told about telerehabilitation or recommended it to customers (avg. 2, 7) on a scale of never – rarely – sometimes – often – daily, which can be seen in Figure 11 and Table 7.

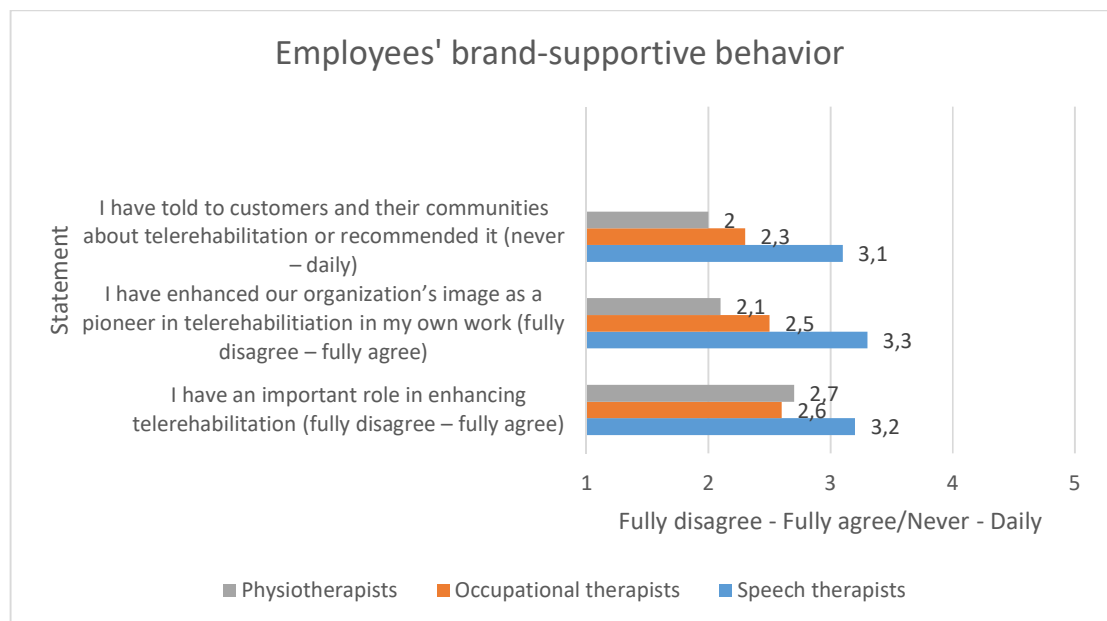


Figure 11. Employees' brand supportive behavior.

Table 7. Employees as brand ambassadors of telerehabilitation.

“I have told to customers and their communities about telerehabilitation”

Never -Daily	1	2	3	4	5	In total (n)
Speech therapist	2	5	20	16	0	43
	4,7%	11,6%	46,5%	37,2%	0%	
Occupational therapist	5	7	7	1	1	21
	23,8%	33,3%	33,3%	4,8%	4,8%	
Physiotherapist	3	9	3	0	0	15
	20%	60%	20%	0%	0%	
In total (n)	10	21	30	17	1	79
	12,7%	26,6%	38%	21,5%	1,2%	

As illustrated in Figure 11, the physiotherapists and occupational therapists gave lower value evaluations to the aforementioned factors than the speech therapists. As also shown in Table 7, when comparing the respondent group's behavior as brand ambassadors, the speech therapists evaluated themselves more active than occupational therapists and physiotherapists.

Leadership culture. The respondents felt that their immediate managers' attitudes towards telerehabilitation were positive (avg.4, 6) and that the manager had enhanced the use of telerehabilitation in their team (avg. 4, 1). In these questions it was possible to select also an answer “I'm not able to say”, which was selected by 19% of the first of the aforementioned questions and 26, 6% of the second. Based on the analysis shown in Table 8, it could be observed that the respondents named several factors in the behavior of the manager that had enhanced implementing telerehabilitation in the team.

Table 8. An example of qualitative thematization in the analysis of the questionnaire.

Upper theme: Leadership culture

Question: "In your opinion, how has the team manager supported the deployment of telerehabilitation in your team?"

Theme								
Managerial support	Offering customers for telerehabilitation	Encouraging to implement telerehabilitation	Providing concrete help in practising telerehabilitation	Marketing telerehabilitation externally	Showing positive attitudes towards telerehabilitation	Providing information	Implementing telerehabilitation him-/herself	Taking care of appropriate technology

As seen in Table 8, the features of behavior that had enhanced implementing telerehabilitation were e.g. encouraging to implementing telerehabilitation, providing concrete help in practicing and showing example by marketing telerehabilitation externally. The respondents named also behaviors of manager that had inhibited the deployment of telerehabilitation. The promotive and inhibitory behavior of the manager in the deployment of telerehabilitation are described more profoundly in Table 9.

Table 9. Promotive and inhibitory management behavior in the deployment of telerehabilitation.

Promotive features	Inhibitory features
<ul style="list-style-type: none"> • providing telerehabilitation customers • encouraging to implementing telerehabilitation • providing concrete help in practicing • showing example by marketing telerehabilitation externally • keeping telerehabilitation in a positive light • relating positively to telerehabilitation • providing knowledge about telerehabilitation • implementing telerehabilitation themselves • looking after appropriate technology for the employees. 	<ul style="list-style-type: none"> • manager's lack of experience in telerehabilitation • lack of prioritizing of telerehabilitation • lack of time • lack of knowledge • lack of communication of goals

It was noticed in the analysis that if the manager had not been seen supportive in enhancing the implementation of telerehabilitation, this was seen to be in relation to factors such as telerehabilitation being new also to the manager or that enhancing telerehabilitation was not set as a priority. In addition, inhibitory features were seen to be lack of time, knowledge and communication of goals.

5.2 Results of the workshop

After the questionnaire, a workshop was arranged for the regional managers of the commissioning enterprise. In the workshop, the managers made an action plan for the near future internal branding of telerehabilitation in the commissioning enterprise. The workshop began with recalling theoretical matters of previously held introduction concerning internal branding's central themes, individual factors in change in terms of e.g. motivation (Figure 3) and technology adoption (Figure 4) in addition to the results of the questionnaire. Then, according the introduction material, the managers defined important factors in enhancing the marketing and use of telerehabilitation and brainstormed concrete ways to support the employees. There were eight participants in the workshop.

Mind mapping and sharing previous experiences. In the workshop, the managers emphasized the meaning of supporting the therapists to act as brand ambassadors in order to involve them to marketing and deployment of telerehabilitation. The central factors in enhancing the employee advocacy of telerehabilitation were seen to be communicational issues, such as communicating the benefits of telerehabilitation to employees, profound introduction and education, motivating and inspiring as well as communicating goals, concrete strategy, values and visions to employees.

It was seen important that when enhancing the employee advocacy of telerehabilitation, the therapists are supported to act with self-determination and provided with the knowledge of where to ask for help when needed. The managers also highlighted the importance of giving time to rehearse new methods and opportunities to innovate and develop new. It was also highlighted that applying telerehabilitation should be as easy as possible for the employees.

This was seen to be best supported by assuring functional technologies, developing introduction processes and giving possibilities to change experiences between the employees. The manager's visions of the central factors in enhancing the employee advocacy of telerehabilitation are specified in Figure 12.



Figure 12. Mind map of the managers' visions about central factors in enhancing the employee advocacy of telerehabilitation.

The managers also reflected their previous experiences in supporting therapists to market and use telerehabilitation. The managers felt that previously the best practices in supporting the employees in matters related to telerehabilitation were hands-on practicing of telerehabilitation, sharing experiences between colleagues, getting support from experienced colleagues, showing example and inspiring as a leader and utilizing digital tools in inner processes in order to familiarize the employees with them.

Selected procedures. In the workshop the managers selected five concrete procedures that would be executed during the present year in order to enhance the employee advocacy of telerehabilitation i.e. support the employees to work as brand ambassadors. In addition to the selected procedures that are described below, also procedures concerning the communication of telerehabilitational knowledge, strategic concrete goals and supporting the employees' motivation in the use of telerehabilitation, were suggested.

The first selected procedure was more of a goal than a procedure, and it consisted of several smaller procedures. The procedure/goal was to support the

employees to achieve a feeling that they have good abilities in using remote technology. The procedures with which this goal was seen to be achieved were rehearsing the use of technology in pairs, creating a support group for exchanging experiences of telerehabilitation, organizing presentations about technology for different teams, naming a telerehabilitation support-person or a mentor for each therapist and organizing attitude surveys in each team in order for the manager to know how their employees experience the use of telerehabilitation.

The second selected procedure was to create a new telephysiotherapy service. The procedure was agreed to include setting up a team to plan, pilot and establish the service. Creating a specific, new physiotherapy service was considered to encourage physiotherapists to use telerehabilitation more and also bring value to the customers.

The third selected procedure was to ensure that there are best possible marketing equipment and tools available for telerehabilitation in order to make marketing as easy as possible for the employees besides their other assignments. This was agreed to be best conducted by organizing all brochures available digitally and by practicing telerehabilitation pitches in regional teams.

The fourth selected procedure was to ensure the functionality of technological equipment by ensuring that teams work according the existing processes and instructions. It was highlighted that it is also important to keep in mind the simple things, such as performing needed updates for the technological equipment and securing best possible internet connections. This was thought to help in implementing telerehabilitation.

The fifth selected procedure was to ensure that all produced concrete telerehabilitation material would be available for all the therapists to use as many therapists make material themselves, but at the beginning of implementing telerehabilitation feel it difficult to produce the material. Making material available for common use by using a digital platform was already a part of the

commissioning enterprise's functions, and therefore it was agreed that the assignment of sharing the telerehabilitation material would be reminded of in each team. It was also seen important to remind therapists of where to find the ready-made material instead of manufacturing the same material again.

Managers' recommendations and feedback. At the end of the workshop, the managers' were asked to answer questions that mapped their visions about how the employee advocacy of telerehabilitation should be enhanced in the long run and what kind of support the managers felt they needed themselves in order to support the employees in the best possible way. They were also asked to evaluate if the goal of the workshop was achieved and give feedback of the workshop.

As shown in Table 10, the question about how the marketing and use of telerehabilitation should be enhanced in a longer term did not produce downright new ideas, but the managers still emphasized the importance of educating both managers and employees and the great significance of resources and time. They also highlighted the meaning of clear processes as well as good material and equipment. In addition they pointed out the need for monitoring the progression and attainment of the procedures and goals that were set in the workshop.

Table 10. An example of the thematization of manager's recommendations.

Question 1: What do you recommend in a long term in enhancing the use and marketing of telerehabilitation?

Theme						
Long-term recommendations	Education and introduction to both managers and employees	More resources and time	Clear processes	More material	Suitable equipment	Monitoring the progression in the agreed actions and procedures.

The managers felt that the most important support they needed was time and resources to introduce themselves to matters related to telerehabilitation. They

also felt that it would be important for them to apply telerehabilitation themselves as a part of their customer-related assignments and utilize the possibilities to cooperate with and learn from experts of telerehabilitation. They also acknowledged the importance of the manager of eHealth services as their support.

Eight feedback forms were received back after the workshop. The participants' experiences about the workshop were positive. They felt that the workshop was well organized and provided good conversation and possibilities to share experiences. The pace of the workshop was seen good and lively, and the atmosphere was named nice. However, one of the participants' felt the schedule was too occupied and one felt that the topic too vast compared to the schedule. The majority of the participants felt that the goal of the workshop was achieved and expressed that the workshop had provided them concrete tools for their work.

6 CONCLUSIONS

This chapter begins with presenting the recommendation for best practices in enhancing the employee advocacy of telerehabilitation. The chapter also presents key findings and managerial implications for further development. In addition, the quality and ethical considerations of the research are discussed.

The recommendation of best practices in enhancing the employee advocacy of telerehabilitation is based on the synthesis of the theory of internal branding and different aspects of change related to technology in addition to the results of the questionnaire and the workshop conducted in this study. The table of synthesis can be found from Appendix 3. The questionnaire and workshop were executed on the commissioning enterprise of this developmental study. The responses for the questionnaire were gathered from the employees of the commissioning enterprise and the workshop was participated by the regional managers of the enterprise.

6.1 Best practices in enhancing the employee advocacy of telerehabilitation

The use of telerehabilitation requires an understanding about why the change is necessary. In order for the specialists to deploy telerehabilitation, they need to have a positive attitude towards it and believe that it is beneficial to both themselves and the customer (Lupíañez-Villanueva et al. 2018, 39–40). The deployment of telerehabilitation is a big leap, as it may require a change in one's entire occupational self-conception (Klöcker et al. 2015, 118). Adopting telerehabilitation is a process that requires time, planning, leadership and a shared vision (Vuononvirta 2011, 25, 36).

Promoting a brand requires employee advocacy (Tsarenko et al. 2018, 260). An employee's involvement to organization's services can be supported through internal branding (Liu et al. 2015, 8). Internal branding is a tool for supporting the employees to work as brand ambassadors according the organization's brand and values (Vallaster & Lindgreen 2013, 298). Internal branding increases the employees' brand identification, commitment, loyalty and brand-supporting

behavior (Punjaisri et al. 2009, 564, 572–573), and has effects on organizational performance through staff's enhanced commitment (Wieseke et al. 2009, 123; Devasagayam et al. 2010, 211, 217; Liu et al. 2015, 8). Internal branding consists of educational procedures and processes (Matanda & Ndubisi 2013, 1036).

Employee advocacy. Employee advocacy is imperative to the use and marketing of telerehabilitation. As illustrated before in Figure 2, superior organizational performance is gained when internal branding supports employees' attachment to the brand and involvement to its services. Employee advocacy and working as a brand ambassador requires an understanding and internalization of the organization's values, brand, image and goals.

It is crucial that the values, strategy, goals, expectations and vision of the organization are communicated effectively to the employees. The formation of employee advocacy of telerehabilitation is described in Figure 13.

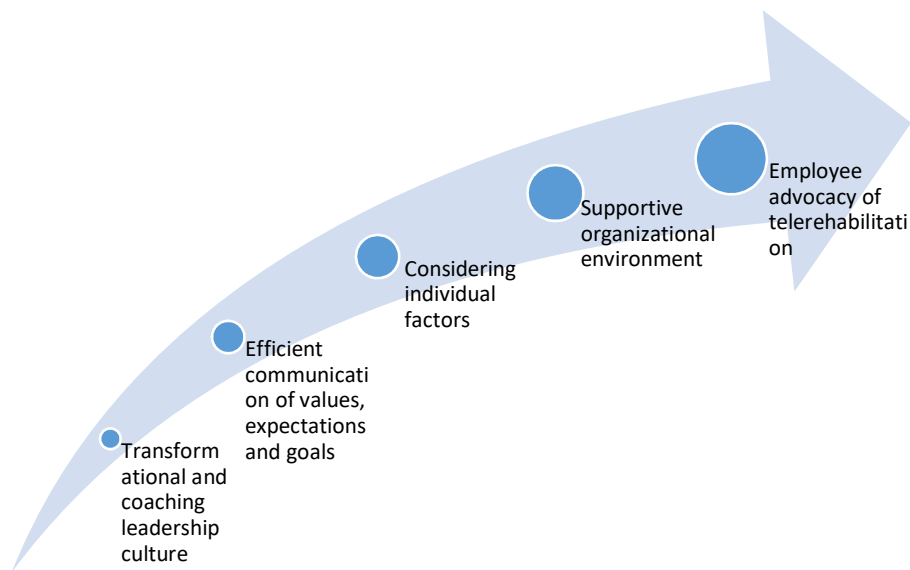


Figure 13. The formation of employee advocacy of telerehabilitation.

The employees need to understand their role as representatives of the brand, and commit to the organization's values, goals and services in order for them to work according the organization's image and brand. The central factors in enhancing employee advocacy of telerehabilitation are a change-orientated leadership culture and creating supportive procedures and processes in addition to considering individual factors in change and deployment of new technology.

Leadership culture. When aiming at enhancing the employee advocacy of telerehabilitation, the leadership culture should be focused on producing change. When supporting change, it is functional to utilize the principles of change management in addition to transformational and coaching leadership. In practice, the aforementioned principles refer to motivating and inspiring the employees to work according to the shared goals and emphasizing the importance of dialogue and communication in addition to supporting the inner motivation and individual development of the employees. In leadership, it is central to encourage, empower and support the employees to find their fullest potential.

The results of this study indicate that when enhancing the employee advocacy of telerehabilitation, the managers need to show positive attitudes and example in telerehabilitation by marketing and deploying telerehabilitation themselves. They also need to provide help and encourage the employees to deploy telerehabilitation. The results of this study suggest that it could be beneficial for the manager to have content knowledge and skills in telerehabilitation in order to support the employees in the best possible way.

In order for the employees to work as brand ambassadors, it is important that they experience the values of the organization to be compatible with their own values. The external incentives provided by the managers should be in line with the employees' inner values and needs. Therefore, it is also important to ensure shared values already in the recruiting process.

Support and education. The results of this study suggest that as deploying and marketing telerehabilitation requires new know-how widely, the need for supportive procedures and education are emphasized in the telerehabilitational change process. Therefore, it is essential to build internal structures that support the employee advocacy of telerehabilitation.

The managers have a central role in conducting the change, as they are the ones who create the change-orientated supportive organizational culture for the

employees. It is important to provide the employees possibilities to participate to planning and conducting the change process.

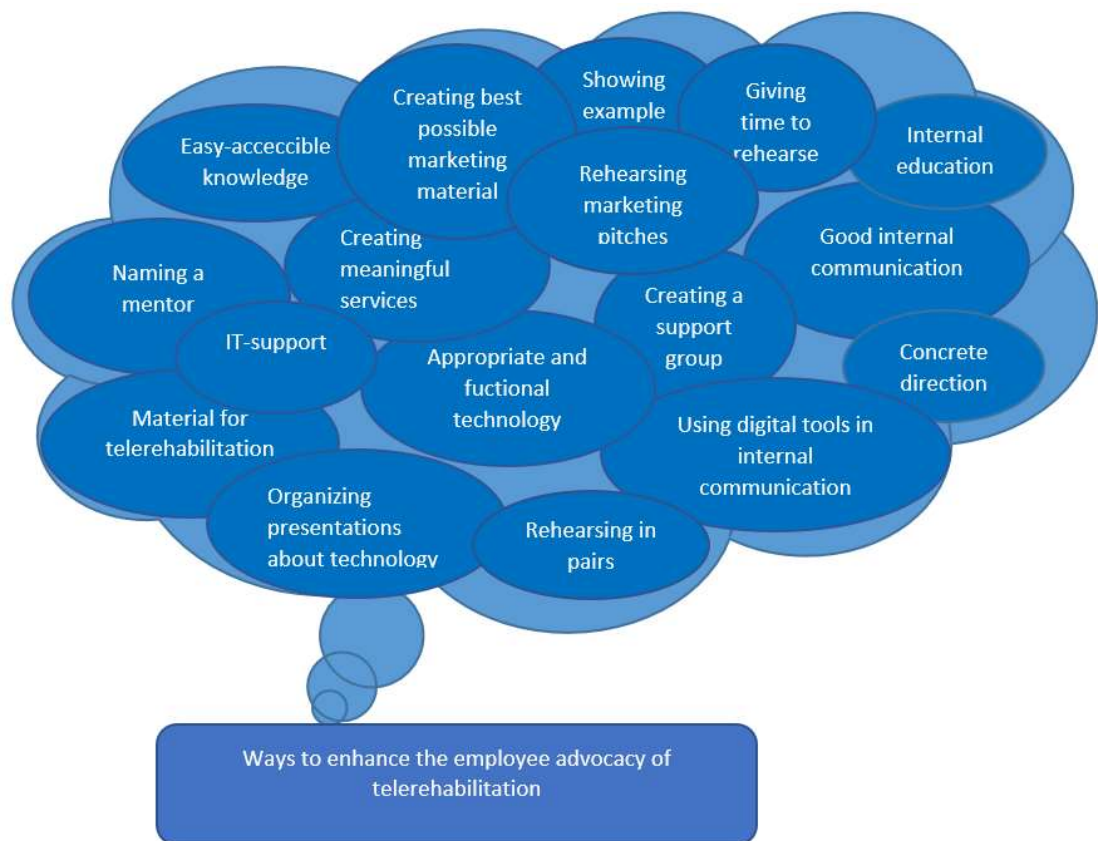


Figure 14. Concrete ways to support the employee advocacy of telerehabilitation.

In this study the stakeholders' experience was that in practice, it is important to provide knowledge and possibilities to sharing experiences, create internal introduction to telerehabilitation, and ensure that the requirements to deploy and market telerehabilitation are met in know-how, material and technology. The theory and experience-based good practices in enhancing the employee advocacy of telerehabilitation are described in more detail in Figure 14.

Considering individual factors. Understanding and considering individual factors is essential in supporting the employee advocacy of telerehabilitation. When using internal branding as a tool, i.e. creating good leadership practices and supportive actions, it is possible to shape employees' attitudes and enhance their self-determination, commitment and brand identification.

The state to how compliant the employees are to change related to new technology, is in relation to their experiences of the usefulness and meaningfulness of the new method. The motivation towards starting to use telerehabilitation is also affected by the subjective evaluation of how much effort it takes, what kind of personal costs it creates, does it increase work load, does it chance interaction with clients or is there social support available. A positive attitude towards executing telerehabilitation requires an experience of compliance in executing telerehabilitation. Change and accepting new methods and technology takes place in an individual, personal pace as illustrated before in Figure 4.

The results of this study indicate that when enhancing the employee advocacy of telerehabilitation, supporting the employees' self-determinant behavior and intrinsic motivation is important. As illustrated before in Figure 3, gaining intrinsic motivation requires external support in the beginning. In the supportive procedures, it should be ensured that the employees' individual needs of autonomy, competence and relatedness are met. The aforementioned can actualize by participating the employees, offering them possibilities to choose, giving justification to decisions, supporting initiatives and offering feedback. It is also important to make sure that the work assignments challenge optimally and have a meaning to the employees. Good interaction and internal communication cannot be stressed enough.

Fluent process. As illustrated in Figure 15, when initiating the change towards enhancing the employee advocacy of telerehabilitation it is important for the managers to ensure they have a shared vision, to analyze current needs of the employees, plan carefully the supportive practices and processes and reserve enough time and resources to make the change possible. It can be beneficial to name a person or form a team to coordinate and support the change process.

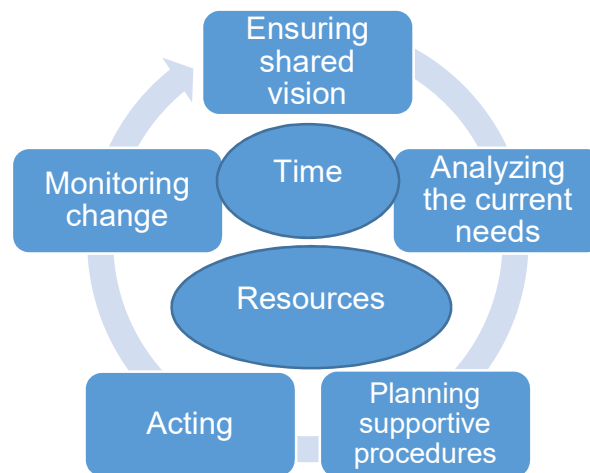


Figure 15. The process of enhancing employee advocacy of telerehabilitation.

Working as a brand ambassador of telerehabilitation requires positive attitudes and motivation towards it. The results of this study show that when supporting the individual change in the context of telerehabilitation, it is important to communicate efficiently the benefits of telerehabilitation for the employees and support them to find an experience of competence in executing telerehabilitation. Deploying and marketing telerehabilitation should be made as easy as possible.

When enhancing the deployment and marketing of telerehabilitation the managers need to have a comprehension of current conditions in different stages of the change process. Therefore, e.g. regular attitude surveys can be useful in creating and directing the supportive actions. It is important to monitor the progression and keep in mind the requirement for constant development.

6.2 Key findings

This thesis was conducted as an action research. The aim of the study was to find ways to support the employees to act as brand ambassadors of telerehabilitation by using internal branding as a tool. The objective of the study was to develop functional steps of the near future internal branding of telerehabilitation in the commissioning enterprise and to constitute a recommendation of best practices in internal branding in the context of telerehabilitation.

The main research question was:

How should the telerehabilitational employee advocacy be supported in the context of internal branding?

The sub-questions were: (1) What are the important individual and contextual factors in internal branding of telerehabilitation? (2) How can the employees be supported individually to committing to the use and marketing of a new service?

In the literature review, earlier studies about internal branding in the context of telerehabilitation were not found. Previous studies about the requirement for change in the context of telerehabilitation were in the literature review noticed to be more concentrated e.g. on the deployment of telerehabilitation (e.g. Klöcker et al. 2015; Salminen et. al.; EU 2018) and change management related to telerehabilitation (e.g. Forducey et al. 2005).

For this thesis, the literature review was utilized as a developmental basis, which combined knowledge of both internal branding and implementing new technology in the context of rehabilitation. The theoretical review showed that the theory of implementing new technology and internal branding consists largely of similar principles of how a change should be led and what would be important to consider when supporting the employees towards a change, as both emphasize the meaning and importance of good planning, good processes, time and understanding individual's inner volition and motivation. In the future, as telerehabilitation markets grow, the understanding of how to support the employees to function according the organization's values, strategies, services and brand is presumable needed widely.

In this thesis, the literature review, questionnaire and workshop provided information of how the employees can be supported to advocate telerehabilitation and what are the important individual and contextual factors in internal branding of telerehabilitation. The study highlighted several procedures to support the employees in change when using internal branding as a tool in the context of telerehabilitation. In addition, it brought about many individual factors in both theory and in practice that need to be considered when supporting employee

advocacy of telerehabilitation. The views of the employees and managers were congruent with each other.

It was noticed in this study that enhancing the employee advocacy of telerehabilitation and supporting the employees to work as brand ambassadors, requires supportive leadership, good communication and procedures that are based on the individual needs of the employees. The literature review and the results of this study were combined as a synthesis, and presented in Chapter 6.1. as a recommendation of best practices in internal branding in the context of telerehabilitation.

With the questionnaire in this study, the experiences of the employees and the current situation in the commissioning enterprise were discovered quite well in relation to the research questions. The findings that were made in the questionnaire and workshop, supported the assumption of this study that with internal branding, which focuses on leadership procedures, supportive communication and empowering relationships and environment, it is possible to support employees to deploy and market telerehabilitation.

In the study, the data was collected by executing a questionnaire and organizing a workshop. The Webropol-questionnaire was conducted in order to understand the current situation, target developmental procedures correctly and involve the employees to the development process. The questionnaire provided valuable information, although the respondent rates could have been higher among physiotherapists and occupational therapists in order to achieve reliable information of their opinions. Organizing a workshop was noticed to be a collaborative way to develop concrete actions to support the employees to market and use telerehabilitation.

This study utilized action research as an approach. The research was conducted according the research plan that was made before the beginning of the study. Although internal marketing was surely familiar to the managers that took part to this research, internal branding was a new concept and tool for them. Therefore,

the study was only a beginning of a learning process, as it created many new practices, which require learning also in a longer time period. Action research was found to be a suitable approach for this study, as it emphasizes processes, learning and collaboration.

6.3 Managerial implications

Digitalization is an ongoing trend. In the field of rehabilitation digitalization leads to a situation, where many people are obligated to conduct their work very differently from what they were expecting when they initially chose their occupation. The pressure towards the change is strong, as telerehabilitation is expected to be the solution for lack of resources, long distances and costs (Brennan et al. 2010, 32; Jungner 2015, 9-10, 26; Salminen et. al. 2016, 9–10).

Telerehabilitation is undoubtedly going to grow even more when the cost and income structure settle more in the future. Specializing and profiling as a pioneer of telerehabilitation offers possibilities to provide services more widely domestically and even internationally over national boundaries. It also makes it possible to offer services to educate others about telerehabilitation in a global scale.

This study provided knowledge of what to consider when supporting the employee advocacy of telerehabilitation by combining theoretical knowledge and experiences of the commissioning enterprise. It also strengthened experience-based knowledge in what are the good practices in the deployment of telerehabilitation when internal branding is utilized as a tool. The study developed descriptions of best practices and concrete actions in enhancing the employee advocacy of telerehabilitation.

Before this study, there were already many practices in the commissioning enterprise that were also in this study seen useful in enhancing the employee advocacy of telerehabilitation. These were the enterprise's internal introduction process of telerehabilitation, support from colleagues and manager and internal communication about telerehabilitation. The meaningfulness of adopting and

marketing telerehabilitation was already profoundly communicated to the employees of the commissioning organization. However, there was an experience that telerehabilitation was not yet widely accepted to a level where the employees would be ready to market and use telerehabilitation.

According to the results of the questionnaire of this study, the employees' attitudes towards telerehabilitation were positive. The employees also understood and acknowledged the enterprise's brand and image as a pioneer in telerehabilitation. However, the employees' role as brand ambassadors was experienced challenging: the employees did not recognize their role important in enhancing telerehabilitation and they felt they did not have a clear understanding of expectations and concrete goals. In addition, the motivation and self-determinant behavior of the employees regarding telerehabilitation were not very high. As the aforementioned factors are central for enhancing the employee advocacy of telerehabilitation, they still need to be taken into consideration in the future.

It was seen in the results of the questionnaire that many of the employees were already willing to implement and market telerehabilitation. However, as assumed, it was also noticed that still many of the employees did not want to execute one of the most important services of the commissioning enterprise: when the employees were asked about their willingness to implement telerehabilitation, the average of the answers was 3,14, which is not that low in itself. However, the range in the answers was 1-5, which means that there are several employees, who do not want to execute telerehabilitation at all. It is important that the employees of an organization are committed to the services the organization provides.

In the results of the questionnaire, it was visible that occupational therapists' and physiotherapists' experiences of the importance of enhancing telerehabilitation, of self-determination and willingness to implement telerehabilitation were lower than among speech therapists. In addition, their brand-supportive behavior was scarcer. An explanation for this could be that at the time, telerehabilitation in

speech therapy is more common and there are more experiences and knowledge available of it than of telerehabilitation in occupational therapy and physiotherapy. However, telerehabilitation has been noticed to be suitable for both occupational therapy, speech therapy and physiotherapy (Salminen et al. 2016; Salminen & Hiekkala 2019). Therefore, it is important to target procedures that support employee advocacy of telerehabilitation especially towards physiotherapists and occupational therapists.

In the literature review, values appeared to be the foundation pillar for internal branding. In this study, the importance of values was emphasized in the introduction for the managers and in the workshop. However, in the answers of the questionnaire it was noticed that the respondents did not bring out the meaning of values at all. There could be several explanations to the observation that the employees did not articulate values such as the values were not especially highlighted in the statements of the questionnaire or that the existence of values is considered self-evident, or even on the contrary, not recognized at all. In any case, to ensure that the employees behave according organizations values, communicating the values efficiently, and most importantly, ensuring the matching values already in the recruiting phase, is important.

The actions and procedures that were chosen in the workshop as a plan for functional steps of the near future internal branding of telerehabilitation in the commissioning enterprise, were agreed to be taken to use immediately in order to support the employee advocacy of telerehabilitation. In the near future, the actualization of the procedures was agreed to be observed, reflected and further developed according the principles of action research, although this thesis only described the beginning of the development and learning process. Internal branding as a tool seemed holistic and emphasized the importance of employee advocacy, which is crucial in the industry of the commissioning enterprise. Therefore, internal branding could be used as an overall approach in enhancing employees' brand-supportive behavior also in the future.

The plan that was made in the workshop, was very important considering educational support and the experience of competence of the employees'. However, in addition, according to the results of the study and experiences of the employees, the themes that could still in the future require attention, would be supporting the employees' self-determinant behavior and communicating goals, visions, expectations and strategy efficiently. Therefore, it could be important to also focus on pondering and communicating goals in a concrete level and emphasize in communication the meaning of the employees' role in enhancing the employee advocacy of telerehabilitation. Creating procedures that provide both external and internal rewards could be beneficial in order to enhance the role of employees as telerehabilitational ambassadors.

In this study, it was evident in both the literature review and the results that change requires time. Viitala (2015, 74–75) points out that flexibility concerning know-how, personnel costs and time are some of the greatest challenges in human resource management. In order to solve the aforementioned challenges and ensure quality of operations, the planning of human resources and strategy of the organization needs to aim on being dominantly proactive (Viitala 2015, 57, 74). As Peter Senge (1994, 277–280) has stated, time, skills to use time and commitment to using time for learning are crucial for a learning organization – if there is no time, it is not possible to reflect and learn new no matter how skillful you are.

This study can provide several benefits to business management. When the employees commit to the execution and marketing of telerehabilitation services and adopt their role as brand ambassadors, it is possible for the study in a long term to enhance the company's image and brand as a pioneer of telerehabilitation. In addition internal branding procedures can enhance good leadership practices and skills, and increase the sales of telerehabilitation in the commissioning company. Enhancing the employee advocacy of telerehabilitation provides possibilities to offer rehabilitation services internationally, which would not otherwise be possible. However, it is important to recognize that at the time the value of advancing the use of telerehabilitation is an investment to innovation,

development of service and future more than an investment to e.g. business economics as the total costs and incomes of telerehabilitation compared to traditional rehabilitation services are yet quite unknown.

The results of the study can be utilized in both marketing and creating education services in the commissioning enterprise. In an international context the study provides knowledge of the international situation of telerehabilitation and brings forth the managerial aspect of the change that digitalization has brought about in the rehabilitation services. The aforementioned issues can enhance the commissioning company's image and brand as an expert of telerehabilitation also in an international context. The result of this study can enable building international collaboration and education export by creating new services in internal branding and change management related to telerehabilitation. Increasing knowledge in telerehabilitation can bring value to many as digitalization concerns everyone in the industry.

Developing the offering of telehealth services has also societal effects. Advancing the offering of telerehabilitation services brings value to the customer and society as it decreases the need to travel to get the services and helps to provide services even to remote areas where they could not otherwise be brought. Accomplishing societal positive effects by developing business is in the core of shared value. To enhance telerehabilitation in overall, it is still important in the future to investigate telerehabilitation from a business point of view in order to understand both management, costs and pricing of telerehabilitation better.

6.4 Quality of the research and ethical considerations

As all research, the validity of research and ethical considerations apply to action research as well. The term "validity" is used in action research, although the traditional concepts of internal and external validity and objectivity perhaps do not entirely fit to action research due to its action-orientation and the researcher being involved in the study. (Herr & Anderson 2005, 49–51.) In action research the stance is that reality is socially constructed and the results of the research are

based on the subjective experiences of people in a certain environment, in which the researcher has taken part to (Koshy et al. 2011, 14).

Herr and Anderson (2005, 49–55) suggest that action research should instead of validity, aim more to *trustworthiness* through quality criteria that consists of dialogic validity, outcome validity, catalytic validity, democratic validity and process validity. In this criteria, the validity/quality of the research is viewed by considering if the knowledge of the study has been produced in cooperation, the action-orientated outcomes have been achieved, the process has been an educative learning process, the results are relevant to the local setting and the methodology has been appropriate (Herr & Anderson 2005, 55).

In this study, the validity and quality of the research were pursued to increase in several ways. The theoretical framework consisted of valid articles and books. Before the study began, a clear and detailed plan was made and it was followed through the process. The commissioning enterprise was consulted in all plans. Cooperation and collaborative evaluation were present in all stages, as the managers and employees of the enterprise were involved in the study as experts by experience. The developmental research created new practices in enhancing the employee advocacy of telerehabilitation and simultaneously enhanced the managers' knowledge of internal branding. With collaborative methods, it became possible to support the stakeholders' commitment and participation, although a profound state of participation could only be evaluated in a longer term.

The research and development process progressed in cycles by evaluating the collected data and developing procedures. The evaluation supported and guided the development throughout the process. The study utilized triangulation by collecting and combining questionnaire and workshop data, by using both quantitative and qualitative methods and by collecting information from both employees and managers (Tuomi & Sarajärvi 2002, 141–143). The study and the selected methods were suitable to answer to the objectives and research questions of the study in a sufficient level. The commissioning enterprise and the

participants of the study were informed of the progression and results of the study in every stage.

Before conducting the questionnaire, the questions of the questionnaire were reviewed together with the divisional director of rehabilitation of the commissioning enterprise and tested by two people. The test group did not have developmental propositions to alter the questionnaire.

The response rate in the questionnaire was 42%, which is considered reasonable in a study involving organization's representatives (Saunders et al. 2012, 269). Among speech therapists the margin of error in 95% confidence was 10%, among occupational therapists 17% and among physiotherapists 22%. Therefore, especially the results concerning occupational therapists and physiotherapists experiences are not reliably transferable to reflect the overall experiences in the commissioning enterprise. It must also be taken into consideration that this study was executed in the commissioning organization and therefore is not necessarily generalizable, as the experiences of the employees are effected by the local organizational culture and local relationships. However, the most important object of the questionnaire was to bring forth the experiences of the employees, and this objective was achieved.

It is understandable, if the employees are not primarily committed to work as brand ambassadors of telerehabilitation. As mentioned before, telerehabilitation is new to many and many universities do not yet provide vast training for rehabilitation or have only started to do so in very recent years. Therefore, when analyzing the results of the questionnaire, it occurred that it would have been more informative to also map background variables such as the graduation year and the time an employee had been in the service of the commissioning enterprise. The aforementioned could have provided more information about to whom the supportive procedures should be targeted most. Also even more profound knowledge of individual factors could have been found if the questionnaire had contained open questions concerning them. However, for the purposes of this study, the data was sufficient.

Also ethical issues need to be considered in every stage of action research. It is important to aim to forecasting and avoiding risks concerning the participants. However, as action research is a constantly evolving process, it is possible that ethical issues come across. Therefore, in action research it is essential to recognize and solve ethical problems as they appear. (Herr & Anderson 2005, 112.)

In this study, general ethical principles, such as respecting the self-determination of the participants, avoiding harm in any way, privacy and confidentiality, were obeyed. The physical immunity of the participants was respected and they were not exposed to harmful emotional or physical experiences. The study did not cause security threat to the participants. The stakeholders and the participants of the study were informed both orally and written about the nature, schedule and implementation of the research. The identity of the informants was faded out. Explicit ethical problems did not occur during the research. Good ethical practices were followed throughout the research process.

At its purest and best, utilizing action research as an approach could have continued further than the cycles of this study (Kiviniemi 1999, 67). However, in the context and schedule of this thesis, it would not have been possible to carry out many different implementation cycles and phases. Therefore, this thesis was a start for development of this form, and further development is left for the commissioning enterprise.

REFERENCES

- Aaltola, J. & Syrjälä, L. 1999. Toimintatutkimus yhteisenä oppimisprosessina. In Heikkilä, H., Huttunen, R. & Moilanen, P. (ed.) Siinä tutkija missä tekijä: Toimintatutkimuksen perusteita ja näköaloja. Juva: Atena-kustannus.
- Bolman, L. & Gallos, J. 2016. Engagement: transforming difficult relationships at work. John Wiley & Sons Incorporated: New Jersey. Available at: <https://ebookcentral.proquest.com/lib/xamk-ebooks/reader.action?docID=4504063> [Accessed 21 August 2019].
- Bradutanu, D. 2015. Resistance to change: A new perspective. A textbook for managers who plan to implement change. Lulu Publishing.
- Brennan, D., Tindall, L., Theodoros, D., Brown, J., Campbell, M., Christiana, D., Smith, D., Cason, J. & Lee, A. 2010. A blueprint for telerehabilitation guidelines. *International journal of telerehabilitation*. 2, 31-34. Available at: <https://telerehab.pitt.edu/ojs/index.php/Telerehab/article/view/6063/6293> [Accessed 21 August 2019].
- Coghlan, D. & Brannick, T. 2001. Doing action research in your own organization. London: Sage Publications.
- Das, S. C. 2012. Managing and Leading Change through Transformational Leadership: Insights into Success Code. Value Creation through Human development: The Emerging Dimensions, ISTD: Kolkata. Available at: https://www.researchgate.net/publication/320516417_Managing_and_Leading_Change_through_Transformational_Leadership_Insights_into_Success_Code [Accessed 9 September 2019].
- Deci, E., Olafsen, A. & Ryan, R. 2017. Self-determination theory in work organizations: the state of a science. *Annual Review of organizational psychology and organizational behavior*. 4, 19-43. Available at:

https://www.researchgate.net/publication/312960448_Self-Determination_Theory_in_Work_Organizations_The_State_of_a_Science [Accessed 27 May 2019].

Devasagayam, R., Buff, C., Buff, T. & Judson, A. 2010. Building brand community membership within organizations: a viable internal branding alternative? *Journal of Product & Brand Management*. 19, 210-217 Available at: https://www.researchgate.net/publication/235264989_Building_brand_community_membership_within_organizations_A_viable_internal_branding_alternative [Accessed 20 June 2019].

EU 2018. Benchmarking deployment of eHealth among general practitioners. Final report. Available at: <https://publications.europa.eu/en/publication-detail/-/publication/d1286ce7-5c05-11e9-9c52-01aa75ed71a1/language-en> [Accessed 27 August 2019].

Forducey, P., Kawaljeet, K. & Scheidema-Miller, C. 2005. Implementation of telerehabilitation system using change management principles. In Bangert, D, Doktor, R. & Valdez, M. (ed.) Human and organizational dynamics in eHealth. Abingdon: Radcliffe publishing.

Foss, N., Minbaeva D., Pedersen, T. & Reinholt, M. 2009. Encouraging knowledge sharing among employees: how job design matters. *Human resource management*. 48, 871-893. Available at: http://selfdeterminationtheory.org/SDT/documents/2009_Fossetal_HRM.pdf [Accessed 8 September 2019].

Gagne, M. & Deci, R. 2014. The history of Self-Determination theory in psychology and management. In Gagne, M. The Oxford Handbook of Work Engagement, Motivation, and Self-Determination Theory. Oxford university press. Available at: <https://ebookcentral.proquest.com/lib/xamk-ebooks/reader.action?docID=1688432> [Accessed 24 August 2019].

Golparvar, M. & Javadian, Z. 2012. The Relationship between Perceived Organizational Justice and OCBs with Consider Moderating Role of Equity Sensitivity: Some Cultural Implications. *International Journal of Psychological Studies*, 4(2), 20–41. Available at:

<http://www.ccsenet.org/journal/index.php/ijps/article/view/15705> [Accessed 28 February 2020].

Grönroos, C. 2007. Service management and marketing. Customer management in service competition. Chichester: John Wiley & Sons Ltd.

Hakanen, J. 2017. Työn imu – energiaa ja innostusta työstä. In Salmela-Aro, K. & Nurmi, J-E. (ed.) Mikä meitä liikuttaa? Jyväskylä: PS-kustannus.

Hardré, P. & Reeve, J. 2009. Training corporate managers to adopt a more autonomy-supportive motivating style toward employees: an intervention study. *International Journal of Training and Development*. 13, 165-184 Available at: <https://kaakkuri.finna.fi/PrimoRecord/pci.wj10.1111%2Fj.1468-2419.2009.00325.x> [Accessed 8 September 2019].

Heikkinen, H. 2006. Laadullisen ja määrällisen välitilassa. In Heikkinen, H., Rovio, E. & Syrjälä, L. (ed.) Toiminnasta tietoon. Toimintatutkimuksen menetelmät ja lähestymistavat. Helsinki: Kansanvalistusseura.

Heikkinen, H. 2018. Toimintatutkimus: kun käytäntö ja tutkimus kohtaavat. In Valli, R. (ed.) Ikkunoita tutkimusmetodeihin. Keuruu: PS-kustannus.

Heikkinen, H. & Jyrkämä, J. 1999. Toimintatutkimuksen määritelmiä. In Heikkilä, H., Huttunen, R. & Moilanen, P. (ed.) Siinä tutkija missä tekijä: Toimintatutkimuksen perusteita ja näköaloja. Juva: Atena-kustannus.

Herold, D., Fedor, D., Caldwell, S. & Liu, Y. 2008. The Effects of Transformational and Change Leadership on Employees' Commitment to a Change: A Multilevel Study. *Journal of Applied Psychology*. 93:2, 346 –357.

Herr, K. & Anderson, G. 2005. The action research dissertation. A Guide for students and faculty. California: Sage Publications.

Huang, S. 2019. The Impact of Coaching Leadership on In-Role Performance of Employees —Based on the Perspective of Social Information Processing Theory. *Open Journal of Social Sciences*. 7, 223–237 Available at: https://www.scirp.org/pdf/jss_2019121216080370.pdf [Accessed 27 February 2020].

Huovinen, T. & Rovio, E. 2006. Toimintatutkija kentällä. In Heikkinen, H., Rovio, E. & Syrjälä, L. (ed.) Toiminnasta tietoon. Toimintatutkimuksen menetelmät ja lähestymistavat. Helsinki: Kansanvalistusseura.

Hyppönen, H., Hyry, J. Valta, K. Ahlgren, S. 2014. Sosiaali- ja terveydenhuollon sähköinen asiointi. Kansalaisten kokemukset ja tarpeet. Terveysten ja hyvinvoinnin laitos. Available at: <http://www.julkari.fi/handle/10024/125597> [Accessed 14 April 2019].

Jungner, M. 2015. Otetaan digiloikka. Suomi digikehityksen kärkeen. Elinkeinoelämän keskusliitto. Available at: https://ek.fi/wp-content/uploads/Otetaan_digiloikka_net.pdf [Accessed 14 April 2019].

Jyrinki, E. 1974. Kysely & haastattelu tutkimuksessa. Helsinki: Gaudeamus.

Kalliomaa, S. 2009. Sisäinen markkinointi johtamisena. Tapaustutkimus konepajateollisuuden projektiorganisaatiosta. Jyväskylä studies in business and economics. University of Jyväskylä. Available at: <https://jyx.jyu.fi/bitstream/handle/123456789/21306/9789513936419.pdf?sequence=1&isAllowed=y> [Accessed 11 May 2019].

Kalliomaa, S. 2016. Johtajuus sisäisen markkinoinnin suhdenäkökulmasta – tulkitseva käsitetutkimus. Finnish Business Review. Available at: https://www.theseus.fi/bitstream/handle/10024/132588/Kalliomaa_Johtajuus%20sisäisen%20markkinoinnin_parallel%20published.pdf?sequence=1&isAllowed=y [Accessed 20 May 2019].

Kantojärvi, P. 2012. Fasilitointi luo uutta. Helsinki: Talentum.

Kauhanen, J. 2012. Henkilöstövoimavarojen johtaminen. Helsinki: Talentum.

Kela. 2019. Etäkuntoutus-hanke. WWW document. Available at: <https://www.kela.fi/yhteistyokumppanit-kuntoutuspalvelut-kuntoutuksen-kehittaminen-kelan-hankkeet-etakuntoutus-hanke> [Accessed 20 May 2019].

Kela. 2020. Markkinakartoitus etäkuntoutuksen toteuttamisesta. WWW document. Available at: https://www.kela.fi/ajankohtaista/-/asset_publisher/mHBZ5fHNro4S/content/id/26867670 [Accessed 1 March 2020].

Keller, K-L., Apéria, T. & Georgson, M. 2012. Strategic Brand Management. A European perspective. Edinburgh: Pearson education limited.

Kiviniemi, K. 1999. Toimintatutkimus yhteisöllisenä prosessina. In Heikkilä, H., Huttunen, R. & Moilanen, P. (ed.) Siinä tutkija missä tekijä: Toimintatutkimuksen perusteita ja näköaloja. Juva: Atena-kustannus.

Klöcker, P., Bernnat, R. & Veit, D. 2015. Stakeholder behavior in national eHealth implementation programs. *Health policy and technology*. 4, 113-120. Available at: <https://www.sciencedirect-com.ezproxy.xamk.fi/science/article/pii/S2211883715000246> [Accessed 31 August 2019].

Kotilainen, K., Juvala, L. & Arffman, S. 2019. Lasten yhteisöllinen etäkuntoutus puhe-, toiminta- ja fysioterapiassa. In Salminen, A-L. & Hiekkala, S. (ed.) Kokemuksia etäkuntoutuksesta: Kelan etäkuntoutushankkeen tuloksia. Helsinki: Kela. Available at: https://helda.helsinki.fi/bitstream/handle/10138/302635/Kokemuksia_etakuntoutuksesta.pdf?sequence=1&isAllowed=y [Accessed 1 September 2019].

Koshy, E., Koshy, V. & Waterman, H. 2011. Action research in healthcare. London: Sage Publications.

Koskinen, I., Ruuska, M. & Suni, T. 2018. Tutkimuksesta toimintaan. Tieteentekijän opas viestintään ja vaikuttamiseen. Tallinn: Art House Oy.

Liu, G., Chapleo, C., Ko, W. & Ngugi, I. 2015. The role of internal branding in nonprofit brand management: an empirical investigation. University of Bath. Available at: https://purehost.bath.ac.uk/ws/portalfiles/portal/138086619/BrandONPO_Final_.pdf [Accessed 14 May 2019].

- Lupíañes-Villanueva, F., Devaux, A. & Valverde-Albacete, J. 2018. Benchmarking deployment of eHealth among general practitioners. Final Report. European Commission. European Union. Available at: <https://publications.europa.eu/en/publication-detail/-/publication/d1286ce7-5c05-11e9-9c52-01aa75ed71a1/language-en> [Accessed 31 August 2019].
- Martela, F., Mäkikallio, I. & Virkkunen, V. 2017. Itsemääräämisteoria ja psykologiset perustarpeet työssä. In Salmela-Aro, K. & Nurmi, J-E. (ed.) Mikä meitä liikuttaa? Jyväskylä: PS-kustannus.
- Matanda, M. & Ndubisi, N. 2013. Internal marketing, internal branding, and organisational outcomes: The moderating role of perceived goal congruence. *Journal of Marketing Management*. 29, 1030–1055. Available at: <http://web.a.ebscohost.com.ezproxy.xamk.fi:2048/ehost/pdfviewer/pdfviewer?vid=1&sid=641f3872-ec83-4f66-bbdc-79fa4442ac1a%40sessionmgr4007> [Accessed 11 May 2019].
- Meyer, J. 2014. Employee commitment, motivation and engagement: exploring the links. In Gagne, M. (ed.) The Oxford Handbook of Work Engagement, Motivation, and Self-Determination Theory. Oxford university press. Available at: <https://ebookcentral.proquest.com/lib/xamk-ebooks/reader.action?docID=1688432> [Accessed 24 August 2019].
- Moreira, M. 2013. Being agile: Your roadmap to successful adoption of agile. Apress.
- Morhart, F. M., Herzog, W., & Tomczak, T. 2009. Brand-specific leadership: Turning employees into brand champions. *Journal of Marketing*. 73, 122-142. Available at: <http://web.a.ebscohost.com.ezproxy.xamk.fi:2048/ehost/detail/detail?vid=0&sid=339f360f-5c91-4b2a-9cad-d67538ff463f%40sessionmgr4010&bdata=JnNpdGU9ZWZWhvc3QtbGl2ZQ%3d%3d#AN=43550505&db=bsh> [Accessed 16 May 2019].
- Murayama, K. 2018. The science of motivation: Psychological science agenda. American psychological association. WWW document. Available at:

<https://www.apa.org/science/about/psa/2018/06/motivation> [Accessed 24 August 2019].

Northouse, P. 2013. Leadership. Theory and practice. Thousand Oaks, California: SAGE.

OECD/EU 2016. Health at a glance. Europe 2016 State of health in the EU cycle. Paris: OECD Publishing. Available at: <http://dx.doi.org/10.1787/9789264265592-en> [Accessed 27 August 2019].

Preenen, P., Oeij, P., Dhondt, S., Kraan, K. & Jansen, E. 2016. Why job autonomy matters for young companies' performance: Company maturity as a moderator between job autonomy and company performance. *World Review of Entrepreneurship, Management and Sustainable Development*. 12, 74 - 100 Available at:
https://www.researchgate.net/publication/286453340_Why_job_autonomy_matters_for_young_companies'_performance_Company_maturity_as_a_moderator_between_job_autonomy_and_company_performance [Accessed 8 September 2019].

Punjaisri, K., Wilson, A. & Evanschitzky, H. 2009. Internal branding to influence employees' brand promise delivery: A case study in Thailand. *Journal of Service Management*. 20, 561-579. Available at: <https://www-emeraldinsight-com.ezproxy.xamk.fi/doi/full/10.1108/09564230910995143> [Accessed 15 May 2019].

Robbins, S.P., & Judge, T.A., 2012. Organizational behavior. Boston: Prentice Hall.

Salminen, A-L., Hiekkala, S. & Stenberg, J. 2016. Etäkuntoutus. Helsinki: Kela.

Salminen, A-L. & Hiekkala, S. 2019. Kokemuksia etäkuntoutuksesta. Kelan etäkuntoutushankkeen tuloksia. Available at:
<https://helda.helsinki.fi/handle/10138/302635> [Accessed 4 March 2020].

Saunders, M., Lewis, P. & Thornhill, A. 2012. Research methods for business students. Edinburgh: Pearson Education Limited.

Schmidt, H. & Baumgarth, C. 2018. Strengthening internal brand equity with brand ambassador programs: development and testing of a success factor model. *Journal of brand management*. 25:250-265. Available at: <https://link.springer.com/article/10.1057/s41262-018-0101-9> [Accessed 28 February 2020].

Senge, P. 1994. The Fifth Discipline: The Art and Practice of the Learning Organization. New York: Currency/Doubleday.

Tsarenko, Y., Leo, C. & Herman, H.M. 2018. When and why do social resources influence employee advocacy? The role of personal investment and perceived recognition. *Journal of business research*. 82, 260-268. Available at: <https://www-sciencedirect-com.ezproxy.xamk.fi/science/article/pii/S0148296317302989> [Accessed 27 February 2020].

Tuomi, J. & Sarajärvi, A. 2002. Laadullinen tutkimus ja sisällönanalyysi. Helsinki: Tammi.

Tuomi, J & Sarajärvi, A. 2012. Laadullinen tutkimus ja sisällönanalyysi. Helsinki: Tammi.

Vallaster, C. & Lindgreen, A. 2013. The role of social interactions in building internal corporate brands: Implications for sustainability. *Journal of World Business*. 48, 297–310. Available at: <https://www-sciencedirect-com.ezproxy.xamk.fi/science/article/pii/S1090951612000673> [Accessed 15 May 2019].

Valli, R. 2018. Aineistonkeruu kyselylomakkeella. In Valli, R. (ed.) Ikkunoita tutkimusmetodeihin. Keuruu: PS-kustannus.

- Valvira. 2015. Potilaille annettavat terveydenhuollon etäpalvelut. WWW document. Available at:
http://www.valvira.fi/terveydenhuolto/yksityisen_terveydenhuollon_luvat/potilaille-annettavat-terveydenhuollon-etapalvelut [Accessed 14 April 2019].
- Van Den Broeck, A., Vansteenkiste, M., De Witte, H., Soenens, B. & Lens, W. 2010. Capturing autonomy, competence and relatedness at work: Construction and initial validation of the work-related basic need satisfaction scale. *Journal of Occupational and Organizational Psychology*. 83, 981-1002. Available at:
<http://web.a.ebscohost.com.ezproxy.xamk.fi:2048/ehost/pdfviewer/pdfviewer?vid=1&sid=197e778d-2cf8-4ffd-b221-adcb02e3a8fb%40sdc-v-sessmgr03> [Accessed 9 September 2019].
- Vasalampi, K. 2017. Itsemääräämisteoria. In Salmela-Aro, K. & Nurmi, J-E. (ed.) *Mikä meitä liikuttaa?* Jyväskylä: PS-kustannus.
- Viitala, R. 2015. Henkilöstöjohtaminen: Strateginen kilpailutekijä. Helsinki: Edita.
- Viljaranta, J. 2017. Odotusarvoteoria – odotusten ja arvostusten vaikutus oppimismotivaatioon. In Salmela-Aro, K. & Nurmi, J-E. (ed.) *Mikä meitä liikuttaa?* Jyväskylä: PS-kustannus.
- Visser, C.F. 2010. Self-Determination Theory Meets Solution-Focused Change: Autonomy, Competence and Relatedness Support In Action. *InterAction - The Journal of Solution Focus in Organisations*. 2, 7-26. Available at:
https://www.researchgate.net/publication/233690679_Self-Determination_Theory_Meets_Solution-Focused_Change_Autonomy_competence_and_relatedness_support_in_action [Accessed 9 September 2019].
- Vuononvirta, T. 2011. Telehealth adoption in healthcare networks. Doctoral dissertation. University of Oulu. Available at:
<http://jultika.oulu.fi/files/isbn9789514297175.pdf> [Accessed 14 April 2019].
- Vuori, J. 2017. In Salmela-Aro, K. & Nurmi, J-E. (ed.) *Mikä meitä liikuttaa?* Jyväskylä: PS-kustannus.

Wieseke, J., Ahearne, M., Lam, S. & Dick, R. 2009. The role of leaders in internal marketing. *Journal of Marketing*. 73, 123–145. Available at:
<http://web.a.ebscohost.com.ezproxy.xamk.fi:2048/ehost/pdfviewer/pdfviewer?vid=1&sid=f1dc2a37-834c-4dd7-a8a2-7813c59fcda2%40sdc-v-sessmgr05>
[Accessed 11 May 2019].

LIST OF FIGURES

Figure 1. Conceptual framework: Internal branding of telerehabilitation.....	12
Figure 2. Internal branding supporting organizational performance (Liu et al. 2015, 8).	22
Figure 3. Motivational stages from extrinsic to intrinsic motivation (Liu et al. 2015, 8).	24
Figure 4. Technology adoption lifecycle (Moreira 2013, 10).	29
Figure 5. A cycle of action research (Heikkinen 2006, 35).	35
Figure 6. The cycles of action research in this thesis.	36
Figure 7. The phases of the workshop organized in this thesis.	44
Figure 8. The respondents' occupation (n=79).	46
Figure 9. Experiences of motivation and self-determination among all respondents (n=79).	48
Figure 10. Comparison of motivation and self-determination between variables.	49
Figure 11. Employees' brand supportive behavior.	53
Figure 12. Mind map of the managers' visions about central factors in enhancing the employee advocacy of telerehabilitation.	57
Figure 13. The formation of employee advocacy of telerehabilitation.	62
Figure 14. Concrete ways to support the employee advocacy of telerehabilitation.	64
Figure 15. The process of enhancing employee advocacy of telerehabilitation...	66

LIST OF TABLES

Table 1. Ranges and differences between variables in seeing telerehabilitation as important.	47
Table 2. Willingness to implement telerehabilitation between respondent groups.	49
Table 3. Ranges and differences between variables in experiences of the provided education.	51
Table 4. Promotive and inhibitory factors in the deployment of telerehabilitation.	51
Table 5. Percentage distributions in awareness of telerehabilitational strategy...	52
Table 6. Percentage distributions of seeing the organization as a pioneer of telerehabilitation.	52
Table 7. Employees as brand ambassadors of telerehabilitation.	54
Table 8. An example of qualitative thematization in the analysis of the questionnaire.	55
Table 9. Promotive and inhibitory management behavior in the deployment of telerehabilitation.	55
Table 10. An example of the thematization of manager's recommendations.	59

Appendix 1: The statements and questions of the questionnaire.

The questionnaire was originally conducted in Finnish via Webropol. The statements were answered on a Likert-scale of 1-5.

1. I am excited about telerehabilitation
2. I want to execute telerehabilitation
3. I feel that telerehabilitation provides several possibilities for rehabilitation
4. My attitude towards telerehabilitation is positive
5. I believe I can use the technology needed in telerehabilitation
6. I believe I can execute telerehabilitation service
7. Attitudes towards implementing telerehabilitation in my own team are positive
8. I am aware that developing and using telerehabilitation are a central part of our organization's strategy.
9. I have an important role in enhancing telerehabilitation
10. I know what I am expected of in enhancing telerehabilitation
11. I have enhanced our organization's image as a pioneer in telerehabilitation in my own work
12. I see our organization as a pioneer in telerehabilitation
13. In our team, we have set clear goals for advancing telerehabilitation
14. I have told to customers and their communities about telerehabilitation or recommended it
15. I have received support in gaining know-how in telerehabilitation
16. If you have received support in gaining know-how in telerehabilitation, please describe from whom and of what kind of
17. I have felt the provided support sufficient in overall
18. If you have not felt the provided support sufficient, please describe what kind of support you would need
19. I have enough knowledge about telerehabilitation
20. I have enough skills to implement telerehabilitation
21. If you do not have enough skills to implement telerehabilitation, please describe what kind of skills do you feel you would need
22. I have self-determination in gaining new skills and knowledge about telerehabilitation
23. I know where to get help in telerehabilitational matters
24. Our regional manager's attitude towards telerehabilitation is positive
25. Our regional manager has advanced the deployment of telerehabilitation in our team
26. How has the regional manager advanced the deployment of telerehabilitation in your team?
27. If you feel the manager has not advanced the deployment of telerehabilitation, why do you think it is so?
28. The provided education in telerehabilitation has enhanced my know-how well
29. Please name the central factors that have supported your know-how in telerehabilitation
30. Have you encountered situations or issues that have hindered you from gaining know-how in telerehabilitation? What have these issues been?
31. What do you wish our organization would do to support the telerehabilitational know-how of the employees in the future?

Appendix 2: Feedback form of the workshop

1. Today we made a long-term plan for enhancing the use and marketing of telerehabilitation. What are your future recommendations for supporting the use and marketing of telerehabilitation in a longer term?

2. What kind of support or environmental circumstances do you feel you would need in order to support in a best possible way the employees to use and market telerehabilitation?

3. Do you feel the aim of the workshop was achieved? Please justify your answer.

4. Please provide feedback of the workshop below

Thank you for your answers and participation to the workshop!

Synthesis and summary of the factors that support enhancing the employee advocacy of telerehabilitation based on theory, questionnaire and workshop.

Theory-based themes	Theory knowledge	The questionnaire	The workshop
Leadership culture	<p>Focus in producing change and movement, transformational leadership, change management</p> <p>Establishing direction, motivating and inspiring people in common goals</p> <p>Emphasizing dialogue, communication, intrinsic motivation, employee development</p> <p>Encouraging, empowering, helping followers to find their fullest potential</p> <p>Aiming on collective good mutual, shared vision of managers</p> <p>When initiating change:</p> <ul style="list-style-type: none"> analyzing the current needs good planning of procedures time <p>Providing external motives and rewards that fit the individual values and needs of the employee</p>	<p>Providing telerehabilitation to customers</p> <p>encouraging to implementing telerehabilitation</p> <p>providing concrete help</p> <p>keeping telerehabilitation in a positive light</p> <p>implementing telerehabilitation by managers themselves</p>	<p>motivating and inspiring</p> <p>showing example</p>
Employee advocacy/working as brand ambassador	<p>understanding values</p> <p>internalizing values</p>	<p>communicating better what the employees are expected to do</p>	<p>Communicating goals, concrete strategy, values and visions to employees.</p>

	<p>understanding the organization's brand</p> <p>understanding one's role as brand's representative</p> <p>internalizing brand image</p> <p>gaining consensus about values, identification to values</p> <p>committing to the organization and its goals</p> <p>reflecting brand's values in the services provided</p>	<p>concerning telerehabilitation</p> <p>Communicating goals</p>	
Support	<p>The role of managers; supportive organizational culture built by managers</p> <p>education</p> <p>Emphasizing communality and participation of employees</p> <p>Building good structures within the organization</p> <p>Emphasizing good interaction and communication</p> <p>Supporting autonomy, competency and relatedness in work</p> <ul style="list-style-type: none"> • participating the employees to development processes • providing opportunities to choose • giving profound justifications to decisions • supporting initiative behavior • providing feedback 	<p>Providing knowledge and internal education</p> <p>providing material</p> <p>offering concrete direction and practical education</p> <p>good internal communication</p> <p>example of colleagues and manager</p> <p>easily-accessible knowledge and material</p> <p>time</p> <p>IT-support</p> <p>sharing knowledge better between experienced and novice therapists</p> <p>looking after appropriate technology</p> <p>The importance of the skills of the manager</p>	<p>supporting the therapists to act as brand ambassadors</p> <p>profound introduction and education</p> <p>giving time to rehearse new methods</p> <p>assuring functional technologies</p> <p>developing introduction processes</p> <p>giving possibilities to chance experiences between the employees.</p> <p>utilizing digital tools in inner processes in order to familiarize the employees with them</p> <p>hands-on practicing</p> <p>creating a support group for exchanging experiences</p> <p>organizing presentations about technology</p> <p>naming a telerehabilitation support-</p>

	<ul style="list-style-type: none"> communicating expectations ensuring the work challenges optimally building meaningfulness <p>help of eHealth champions</p> <p>Utilizing values as a guide to how employees are expected to behave</p>		<p>person or a mentor for each therapist</p> <p>having a team or a person to plan and support the change process</p>
Individual factors in the deployment of telerehabilitation	<p>Self-determination, motivation</p> <p>Self-determination is in correlation to working as brand ambassador</p> <p>Brand-identification</p> <p>commitment</p> <p>engagement</p> <p>Attitudes</p> <p>Experienced usefulness, meaningfulness, expectations, competence, technology acceptance, personal costs, social and other support</p> <p>experiences of increased workload</p> <p>fears of changes in interaction</p> <p>unfamiliarity with technology</p> <p>personality</p>	<p>Received support</p> <p>Time</p> <p>Received encouragement</p> <p>Received information</p>	<p>communicating the benefits of telerehabilitation to employees</p> <p>supporting the employees to achieve a feeling that they have good abilities in using remote technology</p> <p>therapists need to be supported to act with self-determination and provided with the knowledge of where to ask for help when needed</p> <p>giving opportunities to innovate and develop new</p> <p>making the deployment of telerehabilitation as easy as possible for the employees</p> <p>organizing attitude surveys in each team in order for the manager to know how their employees experience the use of telerehabilitation.</p>